

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> ^{Town} <i>Allegany</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>June</i> ^{Day} <i>7</i>	Age <i>86</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth place <i>Frostburg</i>	
Occupation <i>Nurse</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Nathan Arnold</i>		
Father's Name <i>Wade</i>	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <i>John Smith</i>	How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile debility</i>	How long <i>Some time</i>
Immediate <i>Cardiac failure</i>	How long <i>A few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Cohen</i>
	Address <i>Frostburg</i>
Accident or Suicide? <i>No</i>	

Boon

Calculus
quadratus.

Cervix

Name		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died on <u>Longsorning</u> <u>Allegheny</u> <u>MARYLAND</u>		Town County		
	Date of death <u>June 2</u> <u>1906</u>	Month	Day	Age <u>27</u>	Years Months Days
	Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Borden Shiff,</u>		
	Occupation <u>Housewife</u>	Where Residing if not at place of death			
	Married, Single or Widowed <u>Married</u>	Name of Husband <u>Harry Bennett</u>			
	Father's Name <u>John Monahan</u>	Father's Birthplace <u>Ireland</u>			
	Mother's Maiden Name <u>Mary Mallon</u>	Mother's Birthplace <u>"</u>			
	Name of person giving information <u>Wm. T. Mooney</u>	How related to deceased <u>Sister</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Pulmonary Tuberculosis</u>	How long <u>Six months</u>			
	Immediate <u>Pulmonary hemorrhage</u>	How long <u>Two hours</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. B. Skilling, M.D.</u>			
		Address <u>Longsorning</u>			
	Accident or Suicide? <u>No</u>				



TO BE ANSWERED BY
NEAREST FRIEND

Adolphus L. Borgman

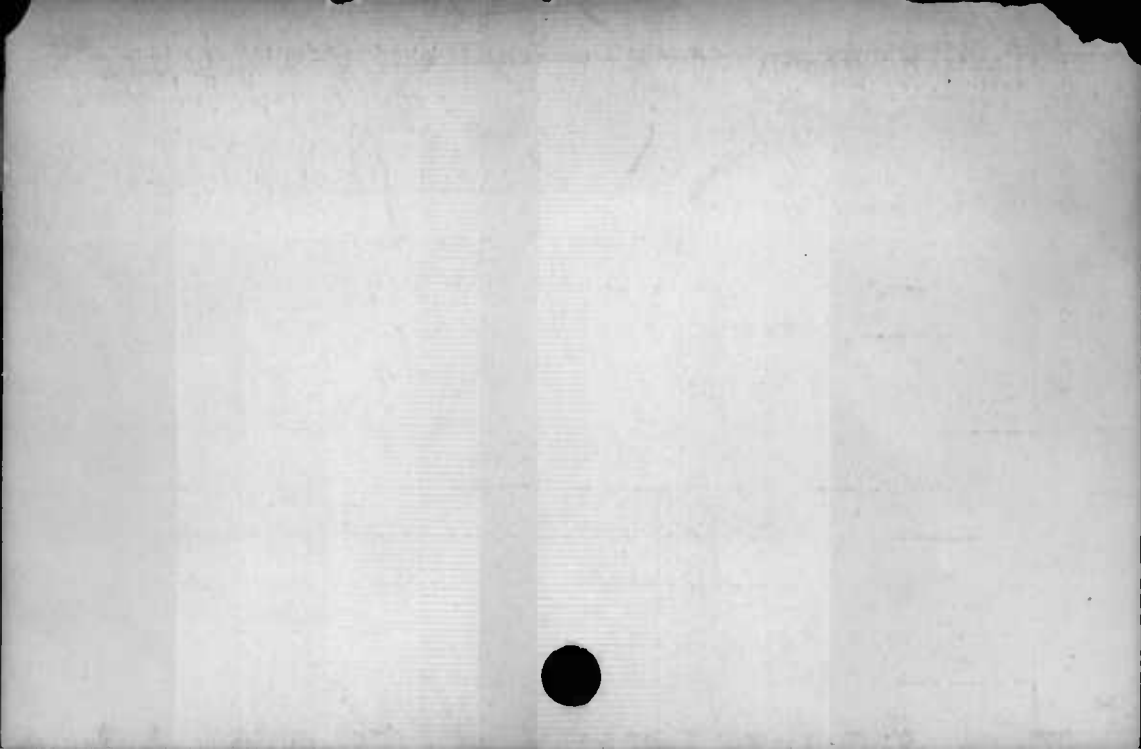
CERTIFICATE OF DEATH

Died at <i>Greenspring</i>		Town <i>Greenspring</i>		County <i>MA</i>		MAYLAND	
Date of death <i>1906</i>		Month <i>6</i>	Day <i>28</i>	Age <i>27</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MA</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Herman H.</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mary G. Borgman</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>J. H.</i>				How related to deceased <i>" "</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Found dead on B & O RR -</i>	How long
Immediate	<i>at - Greenspring Ave MA</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
		<i>G. S. Patten</i>
		<i>Midchester</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Stillbirth* ^{Town} *Bradley* ^{County} *Allegheny*

Date of death 190 *6* ^{Month} *June* ^{Day} *28* Age ^{Years} *—* ^{Months} *—* ^{Days} *—*

Sex *M* Color or Race *white* Birth-place *Throatsburg*

Married, Single or Widowed *X* Occupation *—*

Name of Wife or Husband *—*

Father's Name *Lawrence Bradley* Father's Birthplace *Throatsburg Md*

Mother's Maiden Name *Sara Davis* Mother's Birthplace *—*

Name of person giving information *Jos' Davis* How related to deceased *Bro.*

CAUSES OF DEATH

Primary Cause *Chlarypsia in mother* How long *X*
Immediate Cause *Placental delinency* How long *X*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Throatsburg*

Address *Throatsburg*

Accident or Suicide? *—*

Isaac W. Mayer,

Terry County

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *W. S. Bridge* *Allegheny* County

Date of death 1906 *June* Month *11* Day Age *Years* Months *Days*

Sex *Male* Color or Race *White* Birth-place *W. S. Bridge, Md.*

Occupation *_____* Where Residing if not at place of death *_____*

Married, Single or Widowed *_____* Name of Wife or Husband *_____*

Father's Name *Wm S. Bridge* Father's Birthplace *Brown Co. Pa.*

Mother's Maiden Name *Mary Heister* Mother's Birthplace *Madison W. Va.*

Name of person giving information *W. S. Bridge, D.* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Profoundly due to a fall* How long *3 days*
Steel beam How long *_____*

Immediate *Steel beam*
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. Duane*

Address *W. S. Bridge, Md.*

Accident or Suicide? *_____*



Name
in
Full

Supposed to be "Eddie Bruto",

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>en route to Cuba from N. Branch.</i>		Town		County		MARYLAND	
Date of death	1906	Month	6	Day	14	Age	about 40
Sex	Male		Color or Race	White		Birth-place	Unknown
Occupation	Unknown		Where Residing if not at place of death				
Married, Single or Widowed	"		Name of Wife or Husband		"		
Father's Name	"		Father's Birthplace		"		
Mother's Maiden Name	"		Mother's Birthplace		"		
Name of person giving information			How related to deceased		"		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
<i>Died from injuries, sustained by jumping out train B & O R.R.</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	<i>G. H. Maltz Coroner</i>
	Address
Accident or Suicide?	



Name
in
Full

Leonard Lewis Chabot

CERTIFICATE OF DEATH

Died at ^{Town} Eckhart ruins ^{County} Allegany

MARYLAND

Date of death 1906 ^{Month} June ^{Day} 3rd Age ^{Years} 2¹ ^{Months} 3rd ^{Days}

Sex Male Color or Race White Birth-place Fathering Mrs.

Occupation ☒ ☒ Where Residing if not at place of death ☒ ☒ ☒Married, Single or Widowed ☒ ☒ Name of Wife or Husband ☒ ☒

Father's Name Paul Chabot

Father's Birthplace Germany

Mother's Maiden Name Annie Jenkins

Mother's Birthplace Allegany Co. ^{2nd}

Name of person giving information Paul Chabot

How related to deceased Father

CAUSES OF DEATH

Primary Heart Failure ^{How long} DiphtheriaImmediate Heart failure from Epistaxis ^{How long}Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician Paul E. Munnell

Address Eckhart ruins

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

55m

Catholic Cemetery ~

Forrest ~

Name
in
Full

Leonard Lewis Chabot.

CERTIFICATE OF DEATH

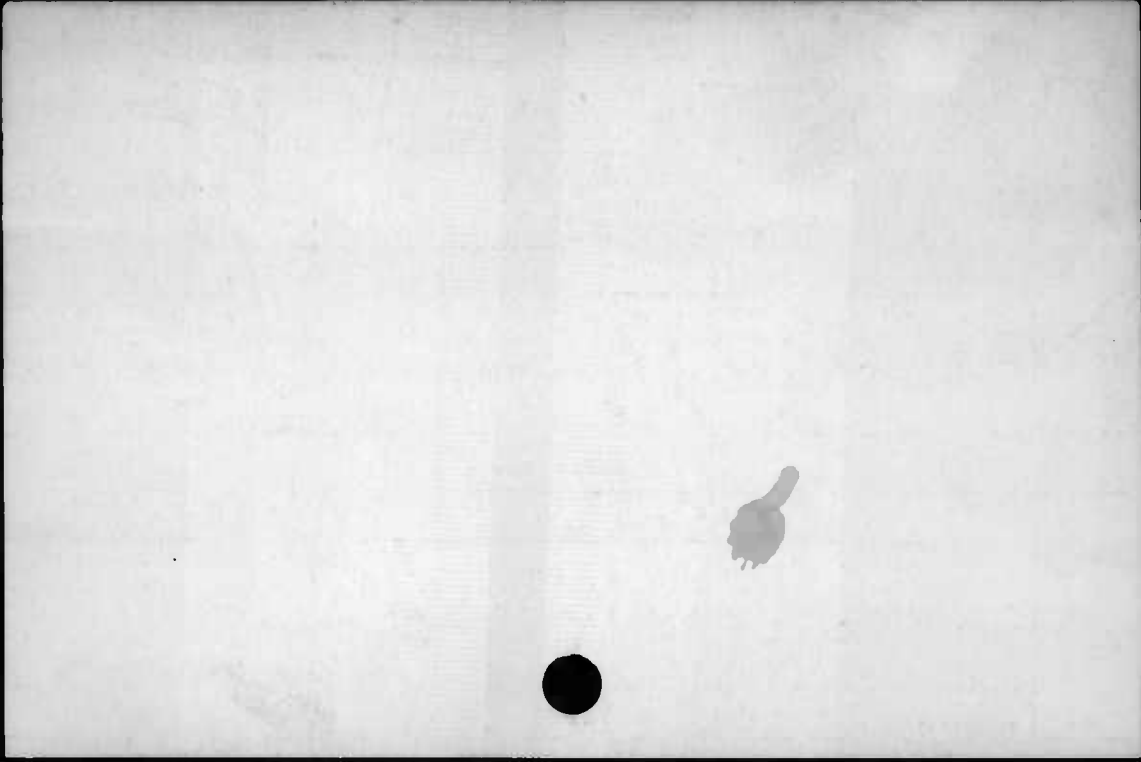
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Eckhart ^{Town} 21st ^{County} Allegheny		MARYLAND	
Date of death	1906	June	3	Years	2.
Sex	Male		Color or Race	White	
Occupation	X		Where Residing if not at place of death	X	
Married, Single or Widowed	X		Name of Wife or Husband	X	
Father's Name	Paul Chabot			Father's Birthplace	Germany
Mother's Maiden Name	Annie Jenkins			Mother's Birthplace	Allegh. Co. Md.
Name of person giving information	Leo Paul Chabot			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	With thoria	How long	(9)
Immediate	Heart Failure from	How long	Epilepsy,
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Rue Erwin with	
		Address	
		Eckhart 21st	
		Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph H. Coleman*

Town *Lonaconing* County *Allegheny* MARYLAND

Died at *Lonaconing*

Date of death *1906 June 16* Age *56* Months *9* Days *13*

Sex *Male* Color or Race *White* Birth-place *Allegheny Co. Pa.*

Occupation *Miner* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret Isabel Murphy*

Father's Name *Kelita Coleman* Father's Birthplace *Allegheny Co.*

Mother's Maiden Name *Rebecca Workman* Mother's Birthplace *" "*

Name of person giving information *Mrs. J. S. Coleman* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Angina Pectoris* How long *1 year*

Immediate *" "* How long *10 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Henry M. Hodgson*

Address *Lonaconing, Ind.*

Accident or Suicide? *No*



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Ellen Conle Haw</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Quincy</i>		Town <i>Quincy</i>			
Date of death <i>1906</i>	Month <i>6</i>	Day <i>1</i>	Age <i>60</i>	Years <i>60</i>	Months <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation			Where Residing If not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Bernard Conle Haw</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary Walsh</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Failure</i>	How long <i>3 yrs</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James J. Johnson M.D.</i>
	Address <i>Quincy, Ireland, MS</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

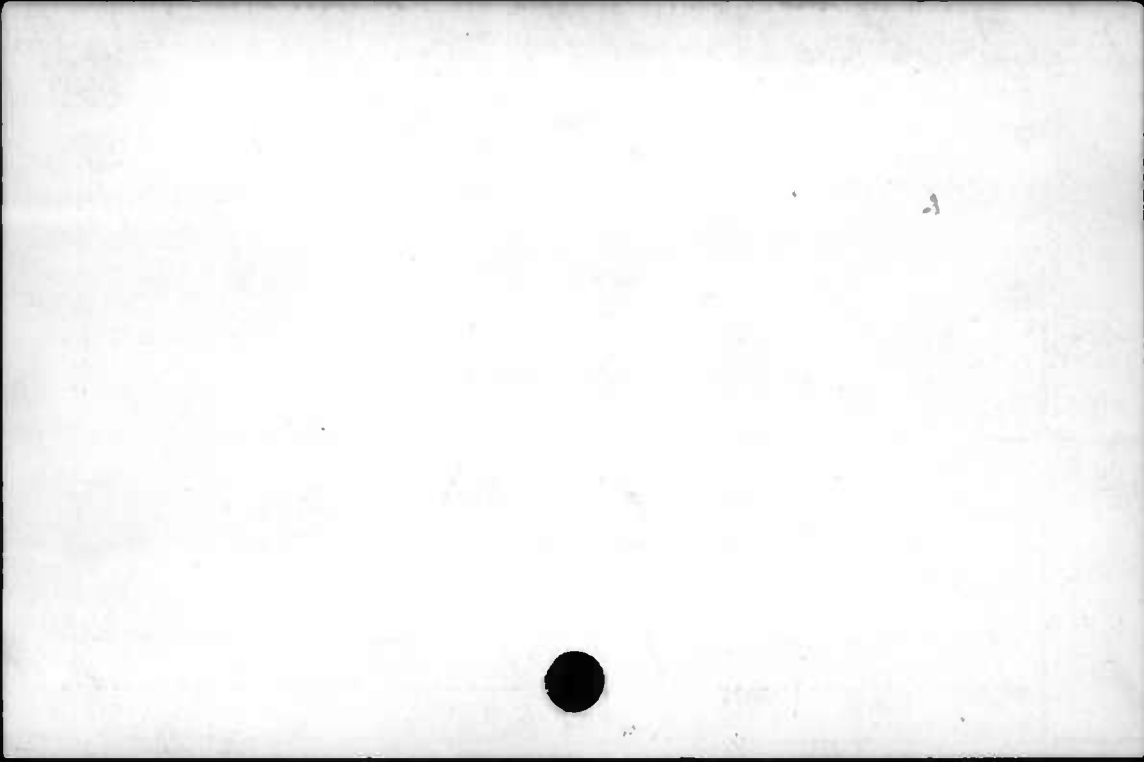
MARYLAND

Name in Full John E. Damsforth		Town Cumtola		County Alleg			
Died at Cumtola		Month June		Day 24		Age —	
Date of death 1906		Months 2		Years —		Days —	
Sex Male		Color or Race White		Birth-place Cumtola			
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name N. W. Damsforth		Father's Birthplace Cumtola					
Mother's Maiden Name Lillian Hoover		Mother's Birthplace Cumtola					
Name of person giving information N. W. Damsforth		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infection	How long	24 ds.
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. E. T. Duke	
Address		3rd Cumberland	
Louis Street		Md.	
Accident or Suicide?			



Name
In
Full

Humphrey Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Old Town</u> ^{Town}		County <u>Agawam</u>		MARYLAND	
Date of death	1906	Month	6	Day	24
Sex <u>Male</u>		Color or Race <u>White</u>		Years	Months
Occupation <u>Driver on Canal</u>		Where Residing if not at place of death		Birth-place	<u>Unknown</u>
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>" "</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Wm Swann Captain on Boat</u>		How related to deceased			

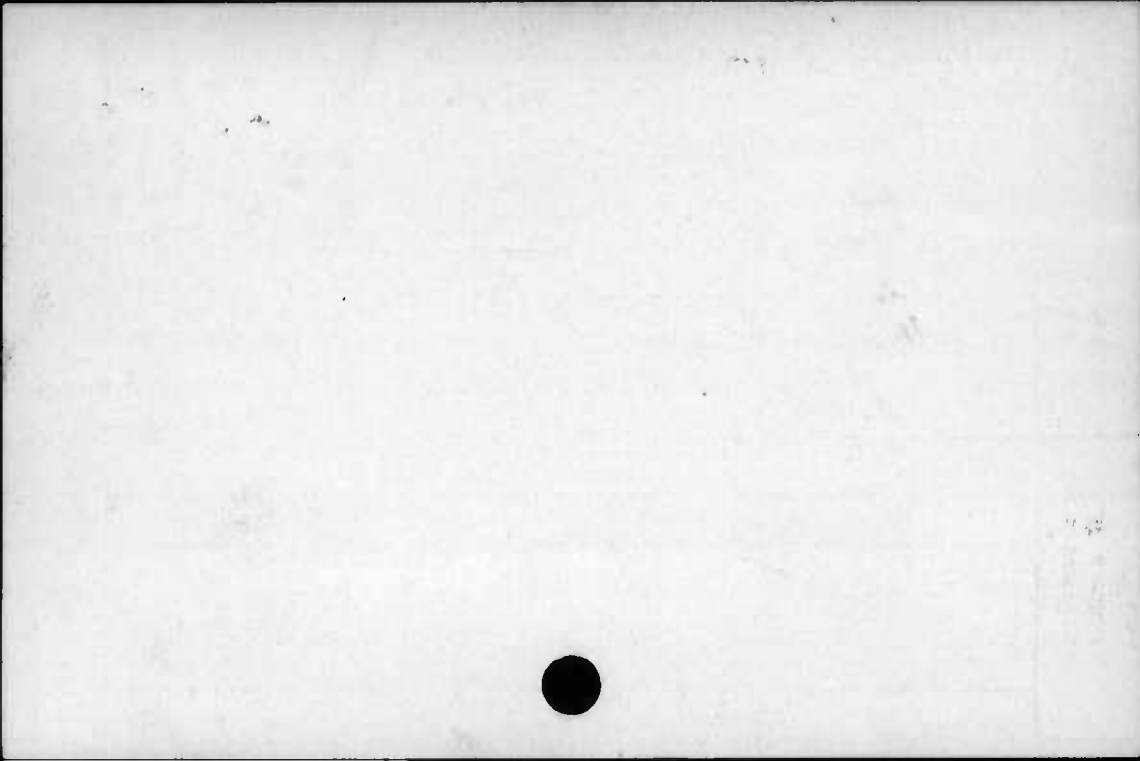
(172)

Buried at Old Town Me.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
<u>Accidental Drowning in Canal -</u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Matz Coroner</u>
	Address <u>✓</u>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>So Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>June</i> ^{Month}	<i>15</i> ^{Day}	Age <i>15</i> ^{Years}	<i>—</i> ^{Months}	<i>1</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>So. Cumberland Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>John L. Durbin</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary L. Norris</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Mrs. J. L. Durbin</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

Primary <i>Perinatal Birth 7th Mo</i>	How long <i>Life</i>
Immediate <i>Exhaustion</i>	How long <i>the</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. L. Broadus M.D.</i>
	Address <i>Cumberland Md</i>
Accident or Suicide? <i>No</i>	

PHYSICIAN
OR CORNER



Name
In Full

Louise Cellia Fleckenstein

CERTIFICATE OF DEATH

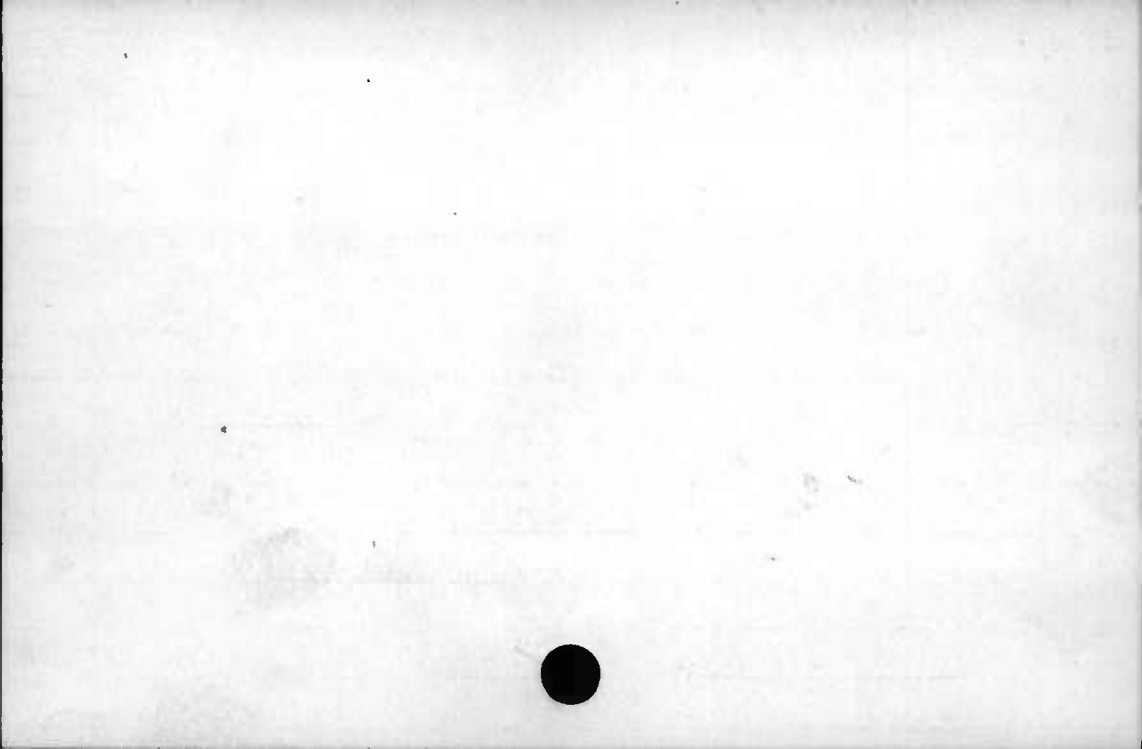
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany.		MARYLAND	
Date of death	1906	Month June	Day 12	Age 35	Years	Months 10	Days
Sex	Female		Color or Race	White		Birth-place	West Virginia
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Frank Fleckenstein			
Father's Name	Albert Lee					Father's Birthplace	West Va.
Mother's Maiden Name	Mary Conley					Mother's Birthplace	Ireland
Name of person giving information	Frank Fleckenstein					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	6 months
Immediate	Asphyxia		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		<input checked="" type="checkbox"/> Yes Signature of Physician W. R. Hedges		
LOUIS STEIN		Address Cumberland		
Accident or Suicide? <input checked="" type="checkbox"/>				



Name
in
Full

William Glenn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Lonaconing Town Allegheny County

Date of death 1906 Month June Day 3 Age 5 Years Months 7 Days 2

Sex Male Color or Race White Birthplace Lonaconing

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name John Glenn

Father's Birthplace Scotland

Mother's Maiden Name Jane Harper

Mother's Birthplace Scotland

Name of person giving information John Glenn

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary _____ How long (16)

Immediate Burned fatally How long 10 hours

Are the name, age, sex, color, date and place correctly given above? Yes

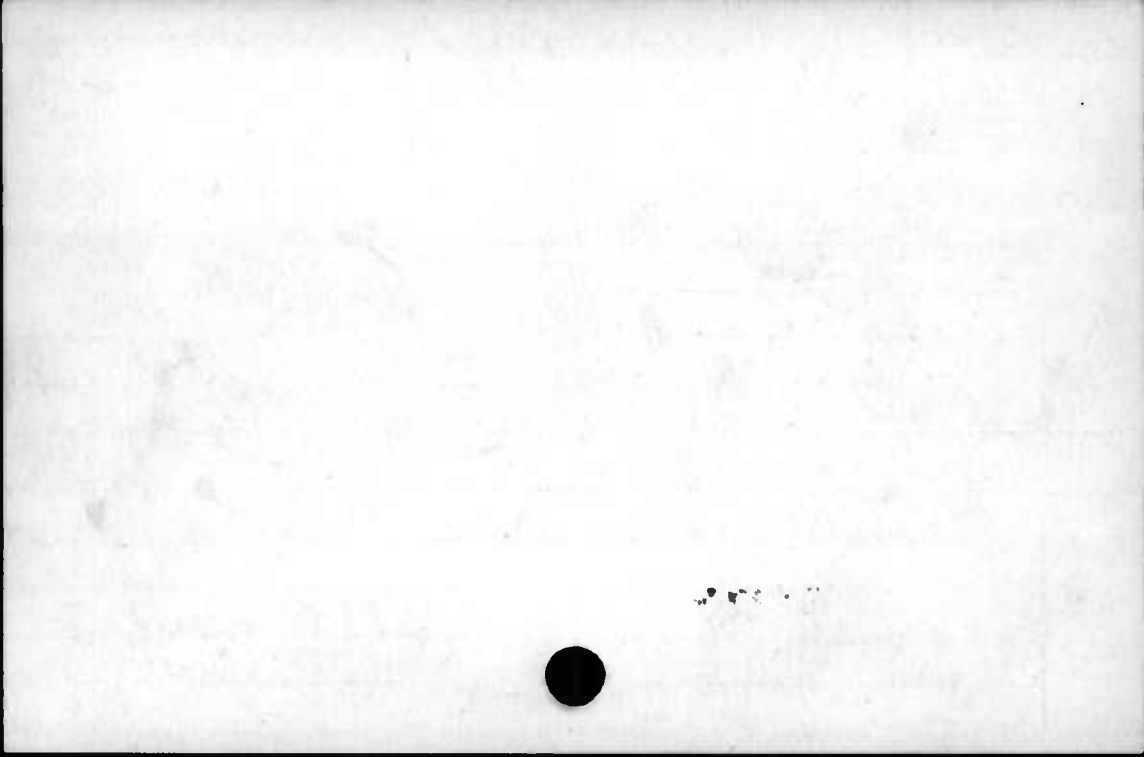
Signature of Physician Henry Dr. Hodgson

Address Lonaconing Ind

Accident or ~~Swindle~~ Yes



Name in Full Charles Andrew Golden		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Town Crutcher		County Allegany
	Died at Crutcher		
	Date of death 1906	Month June	Day 30
	Age 4		Years 4
	Months 4		Days 4
	Sex Male	Color or Race White	Birth-place Pa
	Occupation -	Where Residing if not at place of death Welsh Siding Pa	
	Married, Single or Widowed -	Name of Wife or Husband -	
Father's Name George E. Golden	Father's Birthplace Kd		
Mother's Maiden Name Mary E. Inigg	Mother's Birthplace Md		
Name of person giving information George E. Golden	How related to deceased Father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Acute Meningitis	How long (6)	
	Immediate Convulsions	How long (6)	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. J. J. Wilson	
	LOUIS STEIN	Address W. D. Timberland Md	
	Accident or Suicide?		



Name
in
Full

Anna Goss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>1</i>	Age <i>18</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cumberland</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Charles Goss</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Martha Waines</i>	Mother's Birthplace <i>Scotland</i>				
Name of person giving information <i>Charles Goss</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pelvic Abscess - Operation</i>	How long <i>2 days</i>
Immediate <i>Shock</i>	How long <i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. P. ...</i>
<i>LOUIS STEIN, M.D.</i>	Address <i>Cumby Md</i>
Accident or Suicide?	



Name
in
Full

Lydia / Hadley

CERTIFICATE OF DEATH

MARYLAND

Died at Lonaconing

Town

Allegany

County

Date of death 1906 June 20

Month

Day

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Lonaconing

Occupation

Invalid

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

George / Hadley

Father's
Birthplace

England

Mother's
Maiden Name

Barbara Hershey

Mother's
Birthplace

VI

Name of person giving
Information

George / Hadley

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

One year

Immediate

Aspiration

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Henry M. / Hodgson

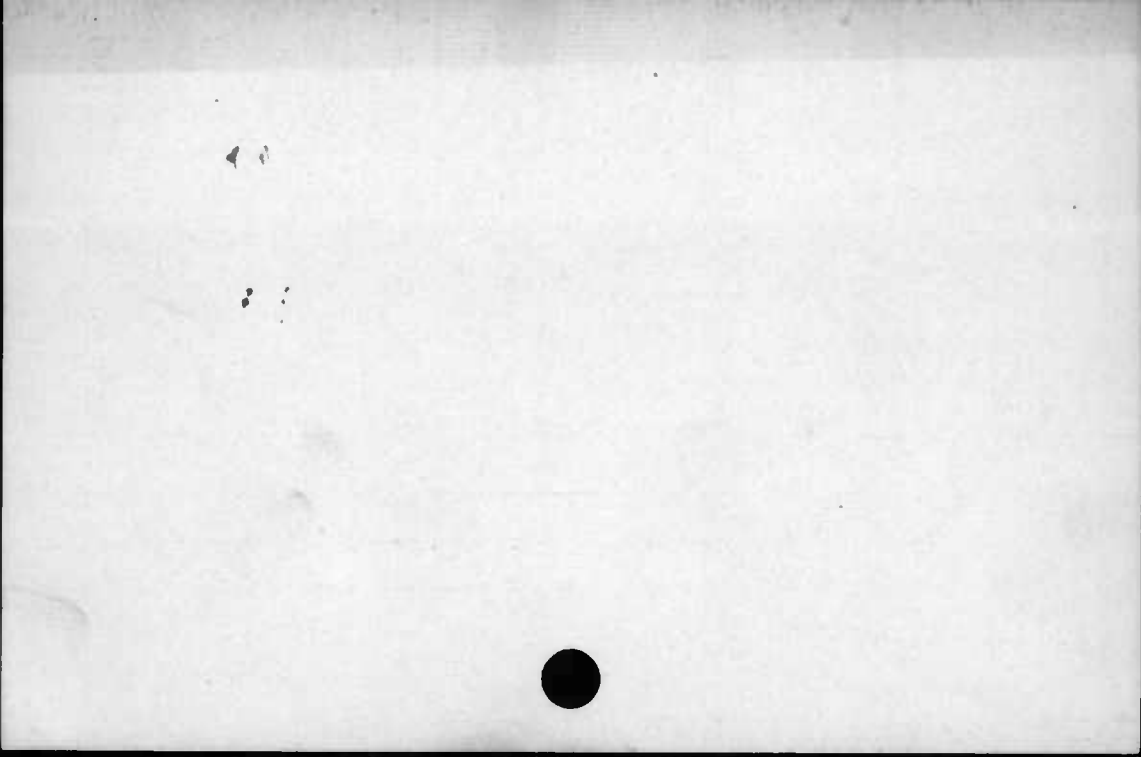
Address

Lonaconing Ind

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Margaretta Hammernuth

CERTIFICATE OF DEATH

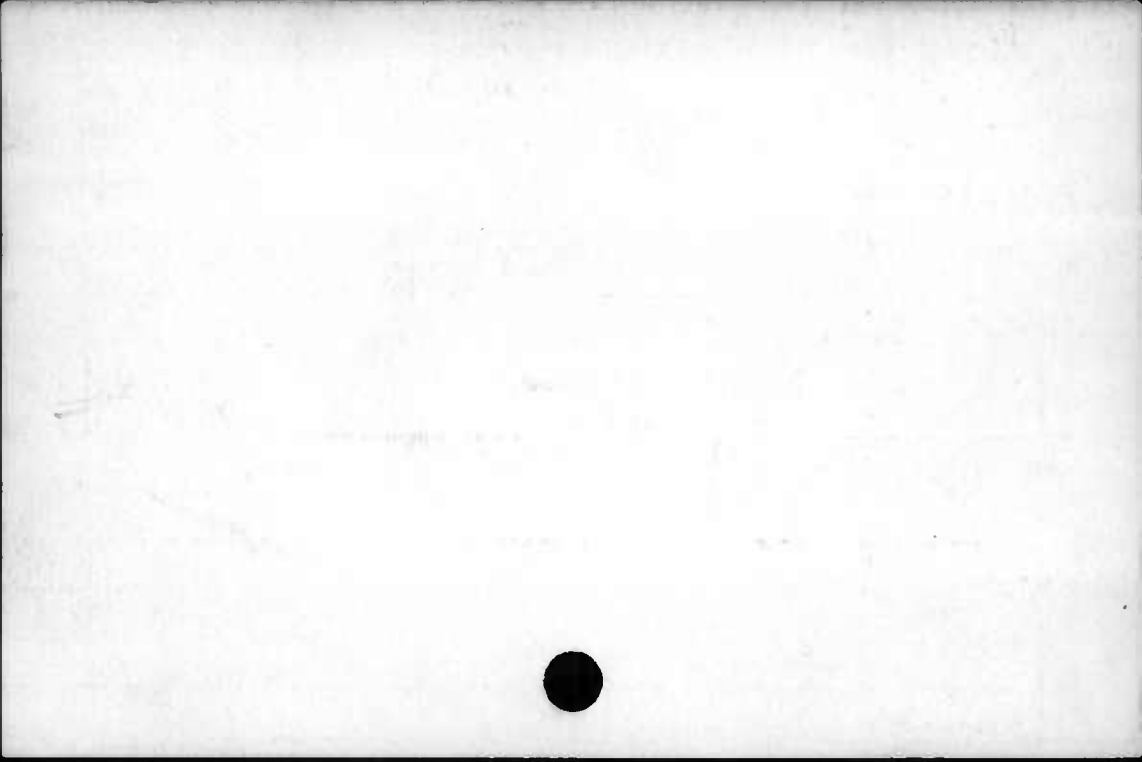
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtola</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>5</u>	Years <u>26</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Wales Eng</u>		
Occupation <u>Wife</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>W. S. Hammernuth</u>				
Father's Name <u>John Davis</u>	Father's Birthplace <u>Wales</u>				
Mother's Maiden Name <u>Catharine Jenkins</u>	Mother's Birthplace <u>Wales</u>				
Name of person giving information <u>W S Hammernuth</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	134	How long
Immediate <u>Abortion</u>		How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. H. Matz, coronor</u>	Address <u>Leicesterland Md</u>
<u>LOUIS STEIN,</u>		
Accident or Suicide?		



Name
in
Full

Martha Eliza Hartig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1906	Month	6	Day	21
Age	80	Years	7	Months	8
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	H.W.		Where Residing if not at place of death <i>Home</i>		
Married, Single or Widowed	W.		Name of Wife or Husband <i>Philip Hartig</i>		
Father's Name	<i>Martin Miller</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Catherine Miller</i>			Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>Martin Hartig</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>old age</i>	How long	<i>18 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>18 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thomas H. Hlaasley</i>
		Address	<i>Frostburg, Md.</i>
Accident or Suicide?			

From

Wiley

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

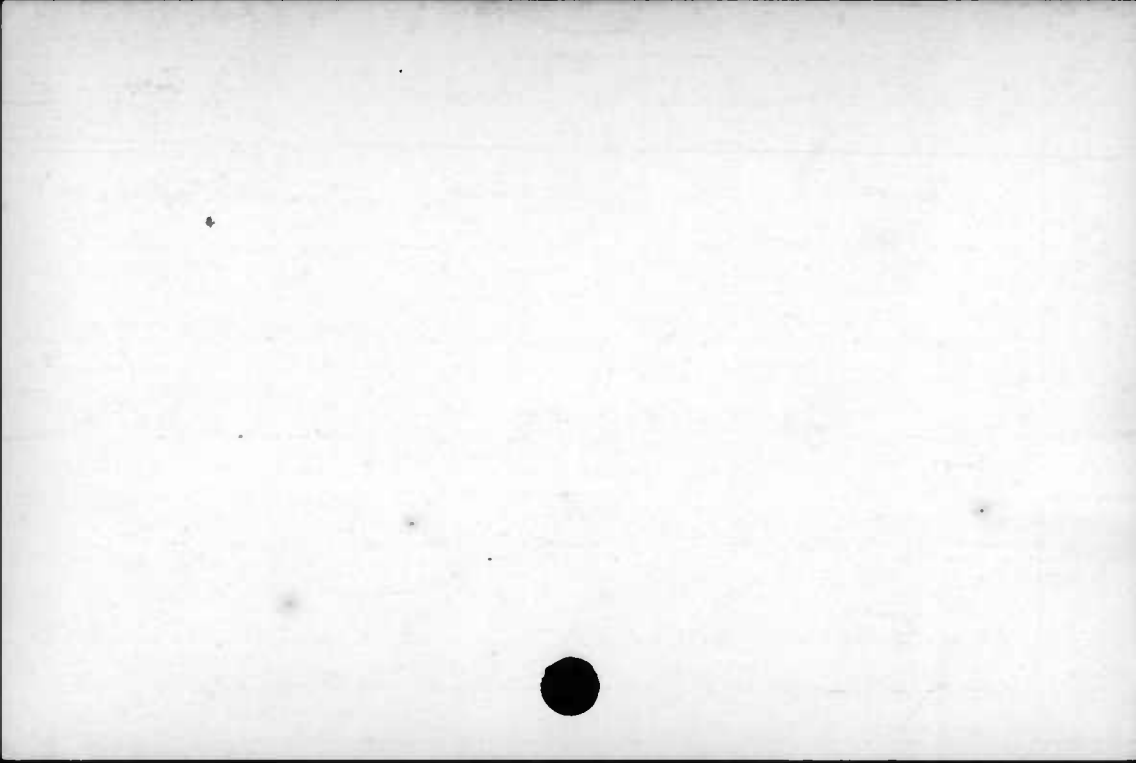
MARYLAND

Died at <i>Hoffman</i> Town <i>Hendley</i> County <i>Allegheny</i>			
Date of death <i>1906</i>	Month <i>6</i>	Day <i>15</i>	Age <i>—</i> Years <i>—</i> Months <i>8</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Hoffman</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Wm Hendley</i>	Father's Birthplace <i>Hoffman</i>		
Mother's Maiden Name <i>Hendley</i>	Mother's Birthplace <i>Hoffman</i>		
Name of person giving Information <i>Wm Hendley</i>	How related to deceased <i>father</i>		

CAUSES OF DEATH

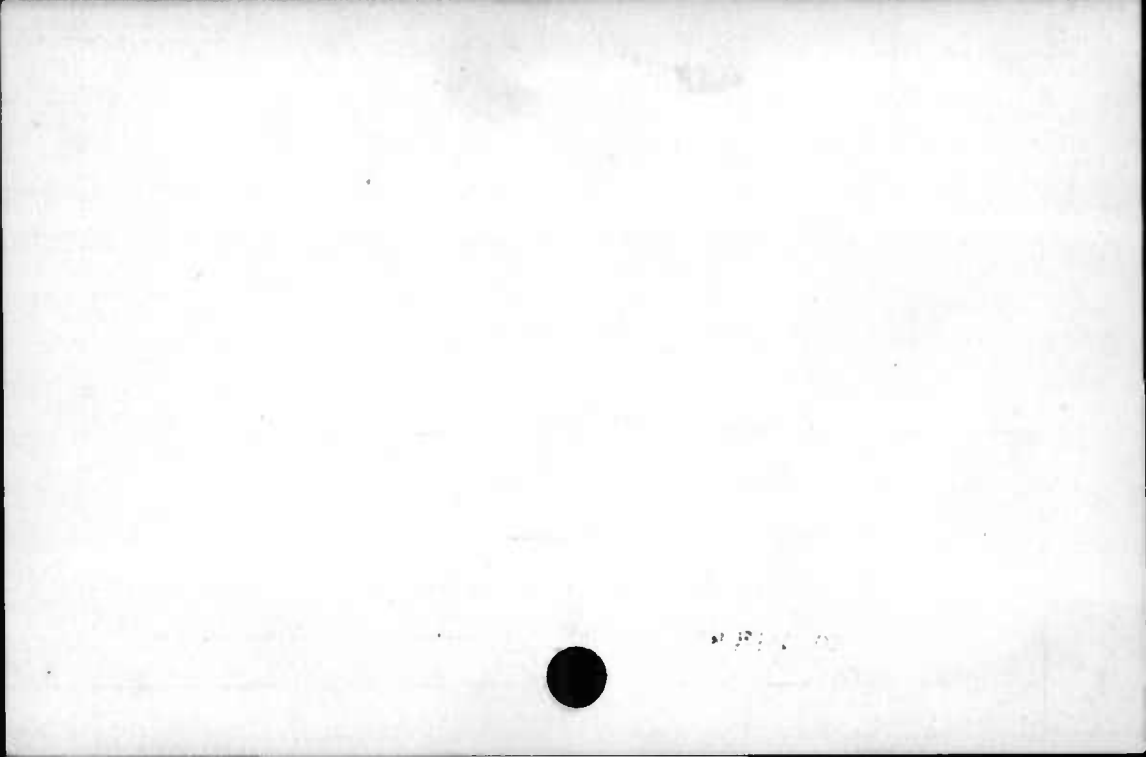
PHYSICIAN
OR CORONER

Primary <i>Bronchitis Acute</i>	How long <i>1 wk</i>
Immediate <i>Bronchitis</i>	How long <i>2 wk</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. French</i>
<i>—</i>	Address <i>Frostburg Md.</i>
Accident or Suicide? <i>—</i>	



Name In Full		Franklin Wm Hickel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Age	Years	Months
	1906		June	28		-	11
	Sex		Color or Race		Birth-place		
	Male		White		Cumberland		
	Occupation		Where Residing if not at place of death				
	-		-				
Married, Single or Widowed		Name of Wife or Husband					
-		-					
Father's Name		Charles B. Hickel				Father's Birthplace	
						Allegheny Md	
Mother's Maiden Name		Myrtle O. Jones				Mother's Birthplace	
						" " "	
Name of person giving information		Myrtle O Hickel				How related to deceased	
						mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	
						(45)	
	Immediate					How long	
	Purpura Hemorrhagicae					1 Week.	
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	
Yes					H. R. Hodges M.D.		
Address					Cumberland		
Accident or Suicide?							

LOUIS STEEL



Name
in
Full

Martha F Holton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		County <i>Accugany</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>19</i>	Years <i>20</i>	Months <i>—</i>	Days <i>3</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Williamsport Md</i>	
Occupation <i>Wife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Brover Holton</i>			
Father's Name <i>Joseph Linspo</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Mary</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Brover Holton</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism</i>	<i>(47)</i>	How long	<i>one Week</i>
Immediate	<i>Rheumatism of Heart</i>		How long	<i>5 Minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>F L Bartdore M.D.</i>		
<i>Louis J. Jern</i>		Address <i>S. Cumberland</i>		
Accident or Suicide?				



Wm

Name
in
Full

N. W. House

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Amherst</u> <u>Allegheny</u> County		TOWN		COUNTY	
Date of death <u>1906</u> <u>June</u> <u>11</u> <u>AGE 50</u> <u>Years</u> <u>11</u> <u>Months</u> <u>Days</u>		MAY 1906		MAY 1906	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Amherst</u>			
Occupation <u>Laborman</u>	Where Residing If not at place of death <u>Near W. V.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>do not know</u>				
Father's Name <u>Amherst</u>	Father's Birthplace <u>Amherst</u>				
Mother's Maiden Name <u>Amherst</u>	Mother's Birthplace <u>Amherst</u>				
Name of person giving information <u>Self</u>	How related to deceased <u>Self</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <u>Choked by</u> <u>166</u>	How long <u>June 11</u>
Immediate Cause <u>Shock</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. N. Allen</u>
	Address <u>Amherst</u>
Accident or Suicide? <u>Accident</u>	<u>May 1906</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>So Cumberland</i> Town <i>Allegany</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>+</i>	Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>—</i>	Color or Race <i>White</i>	Birth-place <i>Cumberland</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>E Jenkins</i>	Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Sadie Ray Smith</i>	Mother's Birthplace <i>W. Va</i>		
Name of person giving information <i>E Jenkins</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>1 mo</i>
Immediate <i>Heart Failure</i>	How long <i>6 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. L. Barkdoll</i>
<i>LOUIS STEIN</i>	Address <i>Dr. Cumberland</i>
Accident or Suicide?	<i>Ma</i>



100

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Emmaburn* ^{Town} *and**Johnson* ^{County} *Allegheny*Date
of death *1906*Month *June*Day *28*Age *34*Years *10*

Months

Days

Sex *Female*Color or
Race *White*Birth-
placeOccupation *—*Where Residing if not
at place of deathMarried, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name *Elmer Johnson*Father's
Birthplace *and*Mother's
Maiden Name *Margaret Wagner*Mother's
Birthplace *and*Name of person giving
In formation *Elmer Johnson*How related
to deceased *Father*

CAUSES OF DEATH

Primary *St. B. and S.*

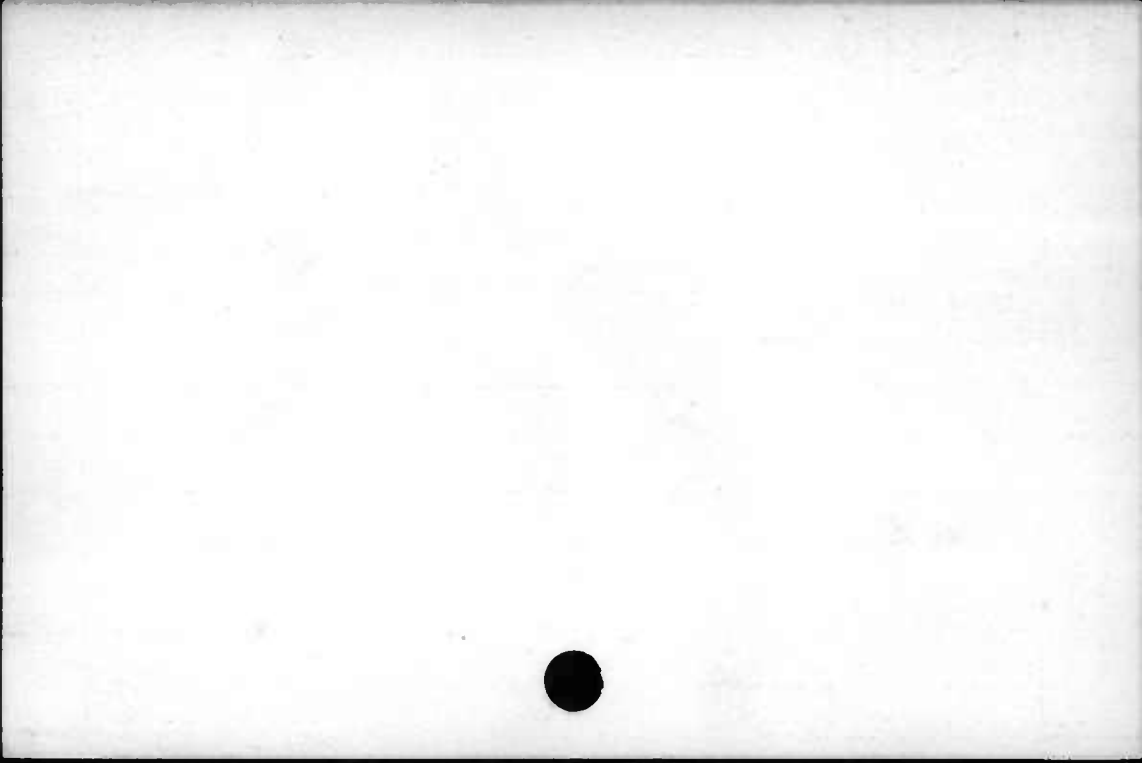
How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *Thos. H. Foy*Address *Emmaburn*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Anton Horvitz* 6/1/I

Died at *MT Savage - Army* County *—* MARYLAND

Date of death *1906* Month *6* Day *18* Age *—* Years *—* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *—* Where Residing If not at place of death *—*

☒ Single or ☐ Widowed Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Anton Horvitz* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

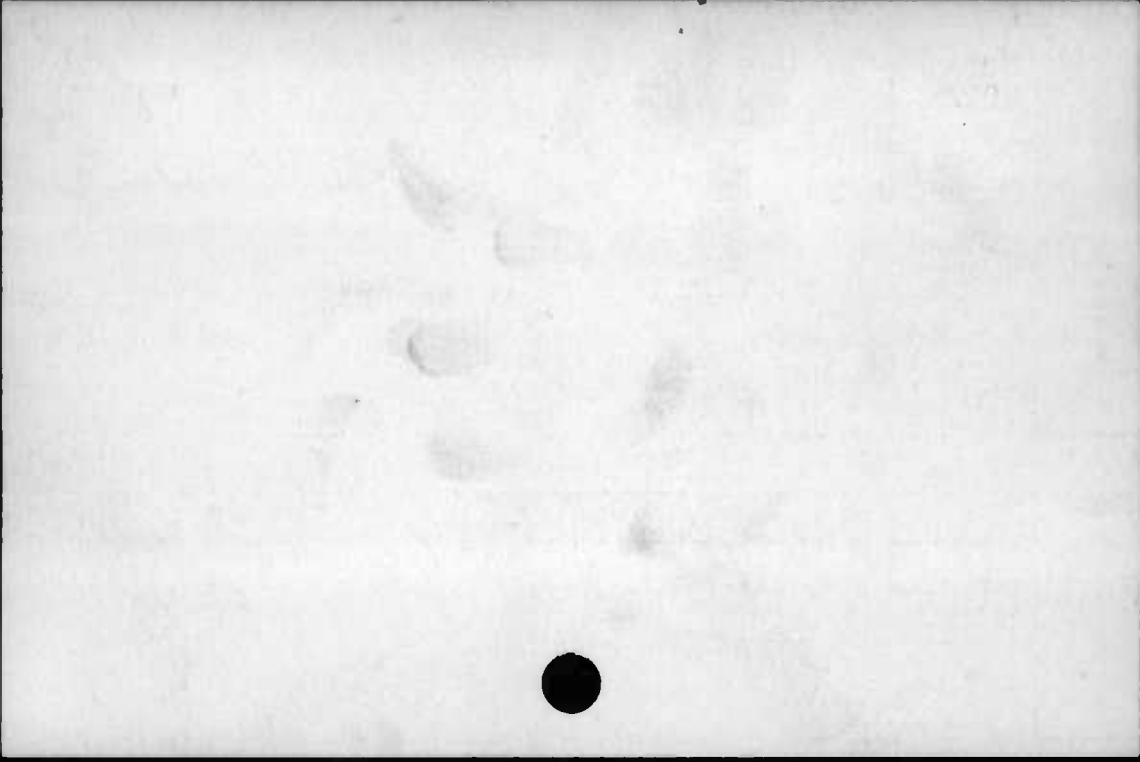
Primary *Gunshot* How long *(157)*

Immediate *Hunger* at *MT Savage* How long *—*

Are the name, age, sex, color, day and place correctly given above? *—* Signature of Physician *J. H. May, Coroner*

Address *—*

Accident or Suicide? *Suicidal* ✓



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Albert G. Keefer*

Town *Cumberland* County *Allegheny*

Died at *Cumberland*

Date of death *1906* Month *June* Day *27* Age *20* Years Months *6* Days *—*

Sex *Male* Color or Race *White* Birth-place

Occupation *Mechanic* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Myrtle Keefer*

Father's Name *Wentzell Keefer* Father's Birthplace *Cumtld.*

Mother's Maiden Name *Rose Hammersmith* Mother's Birthplace *Cumtld.*

Name of person giving information *Myrtle Keefer* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cebro Hemorrhage* (64) How long *1 wk.*

Immediate *Exhaustion* How long *48 hours*

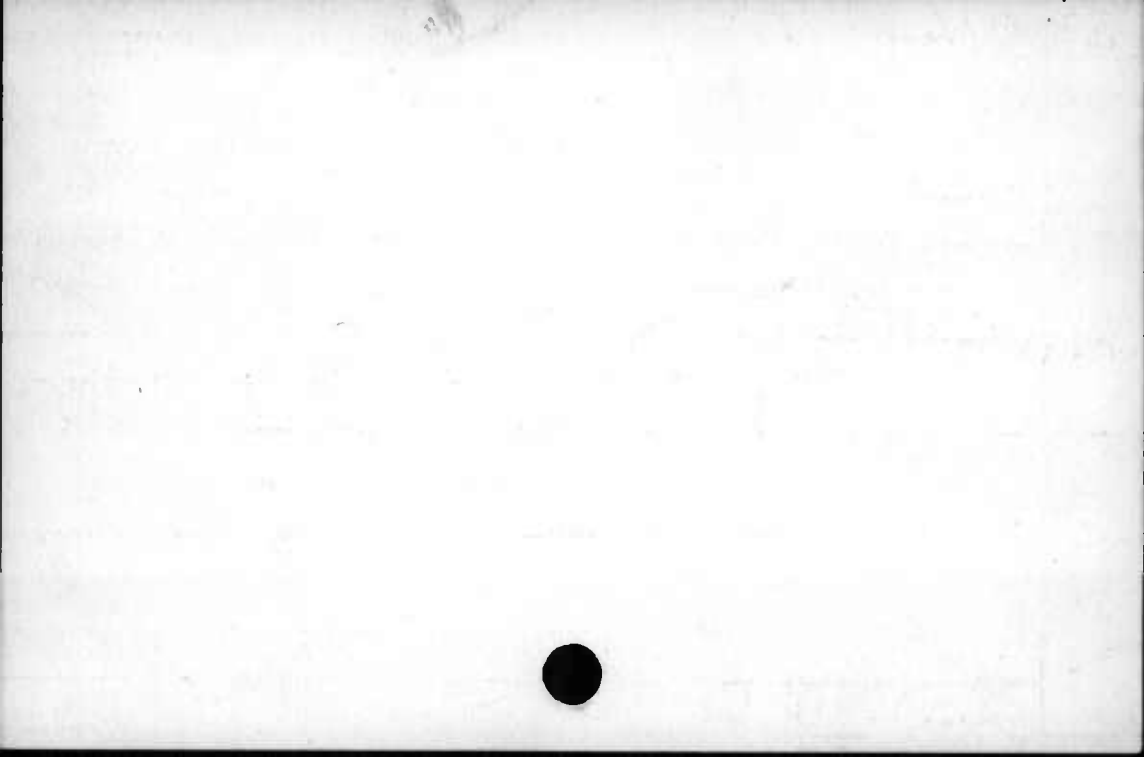
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. Wm. F. Twigg*

Address *Cumberland Md.*

Accident or Suicide?

LOUIS STEIN



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>David Kiddy</i>		Town <i>Cumberland</i>		County <i>allegany</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906</i>		<i>35</i>		<i>—</i>	
Month <i>6</i>		Day <i>19</i>		Years <i>35</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Scotland</i>			
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>allegany Hospital</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>24 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. H. White</i>
		Address	<i>Cumberland Ind.</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumtobland</i>		County <i>aceryhny</i>		MARYLAND	
Date of death	1906	Month <i>June</i>	Day <i>23</i>	Age <i>56</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place				
Occupation <i>Laber</i>	Where Residing if not at place of death <i>Cumtobland</i>						
Married, Single or Widowed		Name of Wife or Husband					
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving in formation					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Broken Neck</i>	<i>164</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	How long <i>Dead Instantly</i>
Signature of Physician <i>E. B. Delaybrook</i>	Address <i>Cumtobland</i>
Accident or Suicide? <i>Accident</i>	<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

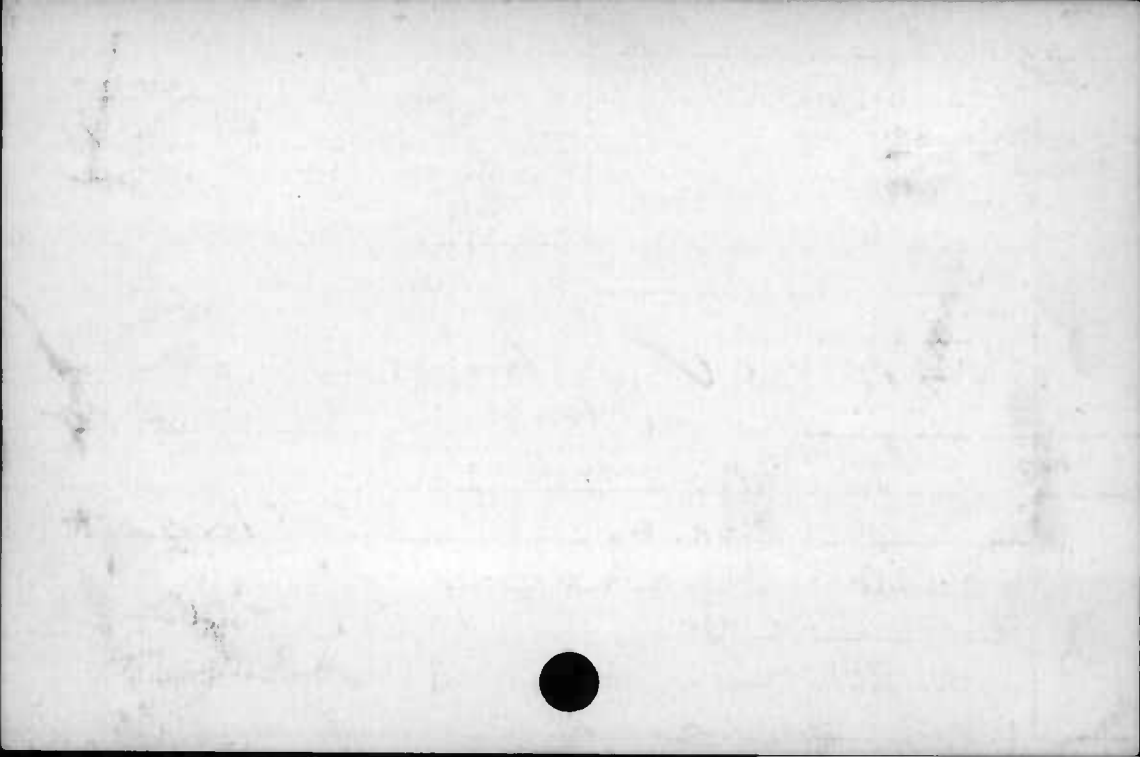
Name <i>Mable Hunter Lillard</i>		Town <i>Westernport</i>		County <i>Allegany</i>		MARYLAND	
Died at		Month <i>6</i>		Day <i>30</i>		Age <i>4</i>	
Date of death <i>1906</i>		Years <i>8</i>		Months <i>11</i>		Days <i>11</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Child</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband			
Father's Name <i>W. E. Lillard</i>				Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Katie B. Whitmore</i>				Mother's Birthplace <i>Va</i>			
Name of person giving information <i>W. E. Lillard</i>				How related to deceased <i>father</i>			

Dr. Wilson

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>12 hours</i>
Immediate <i>Asphyxiation</i>	How long <i>17</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Wilson</i>
	Address <i>Piedmont</i>
Accident or Suicide?	<i>24 P.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camdenland & Allegany</i>		County <i>Allegany</i>		MAYLAND	
Date of death	1906	Month	6	Day	4
Age	56	Years		Months	
Sex	Male	Color or Race	Black	Birth place	Camdenland
Occupation	Stewart	Where Residing if not at place of death <i>Camdenland</i>			
Married, Single or Widowed	Widowed	Name of Wife or Husband <i>Adeline</i>			
Father's Name	<i>Henry Long</i>			Father's Birthplace	<i>Washington Co</i>
Mother's Maiden Name	<i>Caroline Wagoner</i>			Mother's Birthplace	<i>Washington Co</i>
Name of person giving information	<i>Jacob Long</i>			How related to deceased	<i>brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis Pulmonary</i>	How long	<i>8 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. K. Hawkins</i>	
		Address <i>Camdenland Md</i>	
Accident or Suicide? <i>Came here from the west</i>			

Dr. H. K. K.

Name
in
Full

Howard - Betcol Litter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Priddy</i> Town		<i>Accomac</i> County		MARYLAND	
Date of death	1906	Month	6	Day	29
Sex		Male	Color or Race	White	Birth-place
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Edward</i>		Father's Birthplace	
Mother's Maiden Name		<i>Ida Lewis</i>		Mother's Birthplace	
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

It Koon,

Name
in
Full

Nettie B. Mc Cormick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

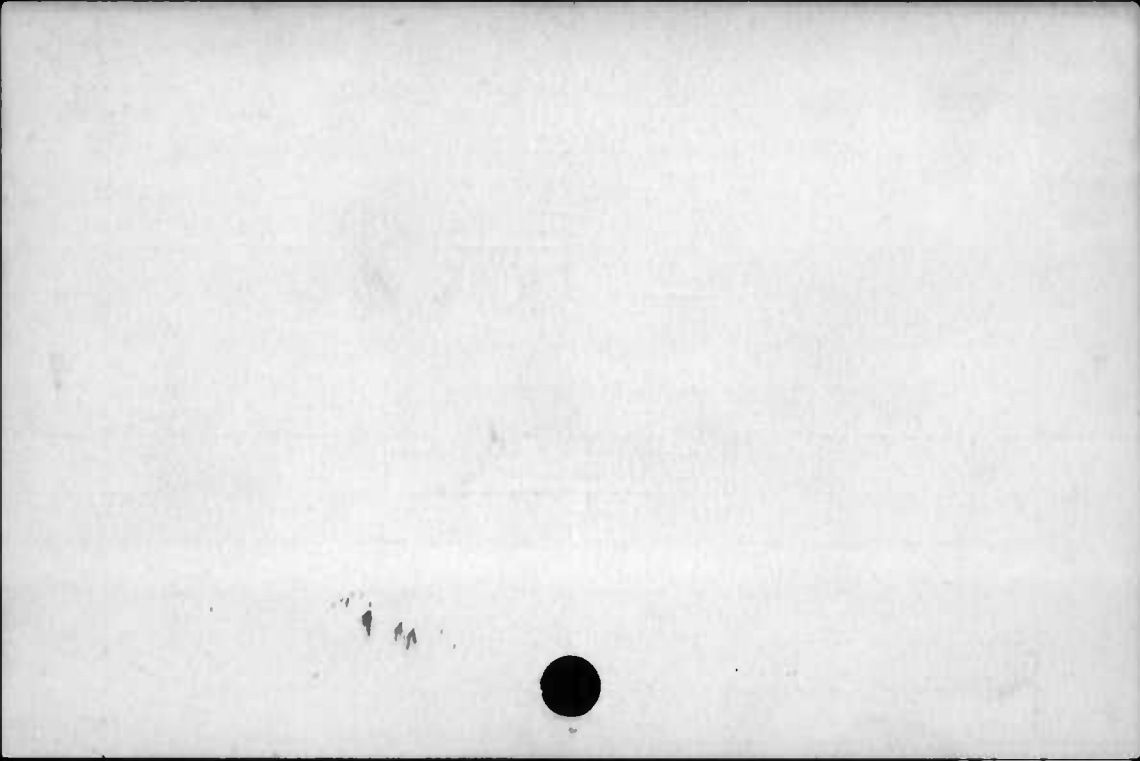
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		June	1	6			
Sex		Color or Race		Birth-place			
Female		White		Corryngville			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Wm a Mc Cormick		Va.					
Mother's Maiden Name		Mother's Birthplace					
Margaret Engle		W. Va.					
Name of person giving information		How related to deceased					
Wm a Mc Cormick		Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Spinal Meningitis (6)	How long
Immediate	"	How long
Are the name, age, sex, color, date and place correctly given above?		
yes		
Signature of Physician		Address
Dr. W. W. Wiley		Cambridge Md.
Accident or Suicide?		

LOUIS ST.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Midland</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>			
Date of death <i>1906</i>	<i>June</i> <small>Month</small>	<i>13</i> <small>Day</small>	<i>63</i> <small>Age</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Miner</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Agnes Longridge</i>				
Father's Name <i>James M. Harland</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Agnes Glover</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Thos M. Harland</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i> 91	How long <i>100 years</i>
Immediate <i>Apoplexy (Pulmonary)</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Skilling M.D.</i>
	Address <i>Luzerne</i>
Accident or Suicide? <i>No</i>	

857

56m
Laurel Hill Cemetery
Mason Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Thomas 13 McFerran</i>		County <i>allgheny</i>		MARYLAND	
Died at <i>Cumt</i>		Month <i>June</i>		Day <i>24</i>	
Date of death <i>1906</i>		Age <i>—</i>		Months <i>3</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Cumberland</i>	
Occupation <i>—</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband			
Father's Name <i>John C McFerran</i>		Father's Birthplace			
Mother's Maiden Name <i>Mahrad</i>		Mother's Birthplace			
Name of person giving in formation <i>J. C. McFerran</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Murder</i>	How long <i>one hour</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. W. Wiley</i>
Accident or Suicide? <i>Wolford</i>	Address <i>Cumtland, Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

Agnes M. Millan

Town

County

MARYLAND

Died at

Longcoming Allegany

Date

Month

Day

Years

Months

Days

of death 1906

June

2-6

Age

—

3

—

Sex

Female

Color or
Race

white

Birth-
place

Longcoming

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

William M. Millan

Father's
Birthplace

Longcoming

Mother's
Maiden Name

Mary Swan

Mother's
Birthplace

Longcoming

Name of person giving
In formation

Mary M. Millan

How related
to deceased

Widow

CAUSES OF DEATH

Primary

Brain aneurysm at night
in bed - probably asphyxiated

How long

not at all

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

James A. Bullard
Longcoming Md

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Francis Madden

Town

County

Died at

Baltimore

Alle

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1906

June

13

Age

Years

8

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Robert J. Madden

Father's
Birthplace

Md

Mother's
Maiden Name

Anna M. Hodel

Mother's
Birthplace

Md

Name of person giving
Information

Robert J. Madden

How related
to deceased

CAUSES OF DEATH

Primary

Peritonitis

116

How long

2 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

LOUIS STEIN.

Dr. W. R. Hodges
Hodges Cumberland

Accident or Suicide?

167 dr *[signature]*

Name
in
Full

Rosaline Matt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumttd</i>		Town		County <i>Arroyo</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>3</i>	Age <i>5</i>	Years	Months <i>8</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumttd</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Joseph Matt</i>				Father's Birthplace <i>Cumttd</i>			
Mother's Maiden Name <i>Barbra Miller</i>				Mother's Birthplace <i>Cumttd</i>			
Name of person giving information <i>Joseph Matt</i>				How related to deceased <i>Father</i>			

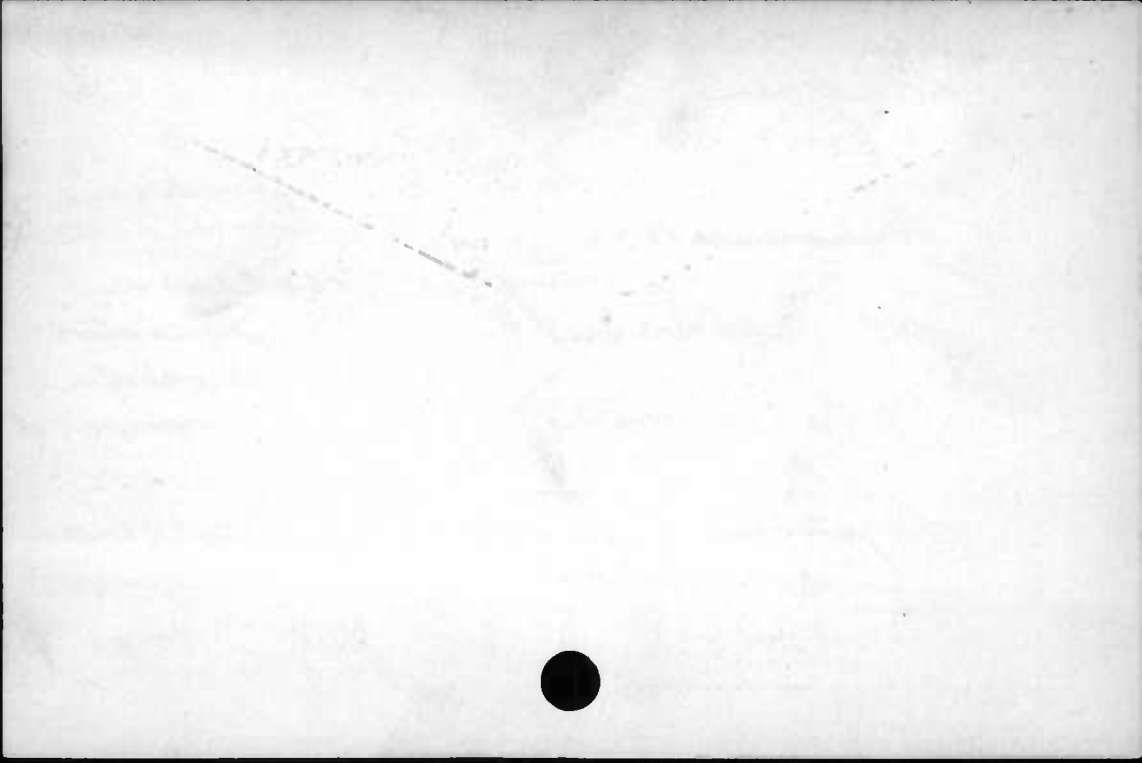
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. B. McBrayer</i>
	Address <i>Cumttd</i>
Accident or Suicide?	



Name in Full		Elizabeth Mowery				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Date of death 1906		Month		Day	
		Age		Years		Months	
		Sex		Color or Race		Birth-place	
		Married, Single or Widowed		Occupation			
		Name of wife or Husband		Jeremiah Mowery			
		Father's Name		Benson		Father's Birthplace	
		Mother's Maiden Name		Margaret Zeamus		Mother's Birthplace	
		Name of person giving information		Wm Mowery		How related to deceased	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		Strangulated Umbilical Hernia		How long	
		Immediate		Strangulated Hernia		How long	
		Are the name, age, sex, color, date and place correctly given above?		yes			
		Signature of Physician		F. Alan G. Mowery			
		Address		120 S. 1st St. Wd			
		Accident or Suicide?					



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Eckhart</i>		Town <i>Alley</i>		County
	Date of death <i>1906 June 15</i>		Month	Day	Age <i>43</i>
	Sex <i>M</i>		Color or Race <i>white</i>	Birth-place <i>Sweden</i>	
	Occupation <i>Business man</i>		Where Residing if not at place of death		
	Married, Single or Widowed	Name of Wife or Husband <i>Lezzie Nelson</i>			
	Father's Name <i>Joe Nelson</i>	Father's Birthplace <i>Sweden</i>			
	Mother's Maiden Name	Mother's Birthplace <i>Sweden</i>			
	Name of person giving information <i>Joe Watson</i>		How related to deceased <i>none</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Cirrhosis of Liver</i>		How long <i>Don't know</i>		
	Immediate <i>Cirrhosis</i>		How long <i>Several weeks</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Griffitt</i>		
			Address <i>Hyattsville Md</i>		
	Accident or Suicide?				

LSM

Eschert Cemetery

Ill.

Name
in
Full

CERTIFICATE OF DEATH

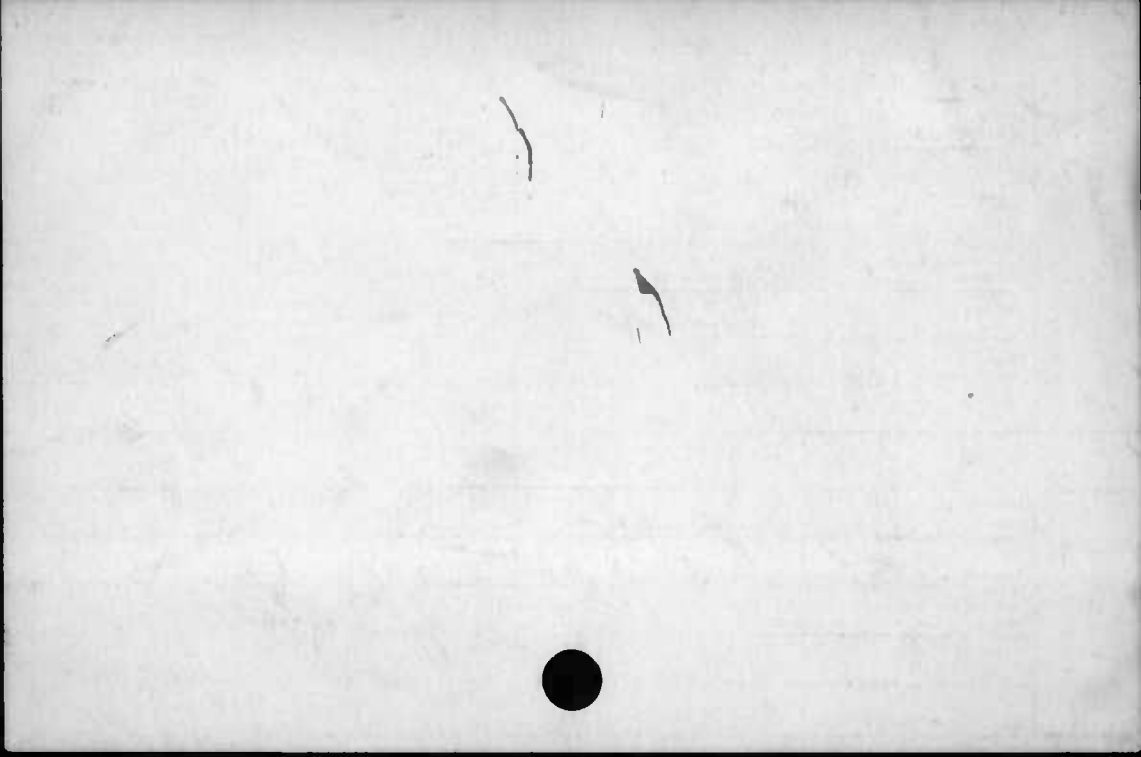
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westingport</i> <i>Allegheny</i> County		TOWN		COUNTY		MARYLAND	
Date of death <i>1906</i>	Month <i>6</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Samie</i>				
Occupation <i>Infant</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>William Newick</i>			Father's Birthplace <i>Russia</i>				
Mother's Maiden Name <i>Julia Newick</i>			Mother's Birthplace <i>Russia</i>				
Name of person giving information <i>William Newick</i>			How related to deceased <i>father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Erysipelas</i>	How long <i>7 days</i>
Immediate <i>Intestinal loop lesions</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. B. Kellough</i>
<i>Yes</i>	Address <i>Westingport, W. Va.</i>
Accident or Suicide?	



Name in Full		Bost Nurse				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cumba		County		allcgay
	Date of death		1906	Month	June	Day	7
	Sex		Male		Color or Race		Breck.
	Occupation		Laborer		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		-
	Father's Name		-		Father's Birthplace		
	Mother's Maiden Name		-		Mother's Birthplace		
	Name of person giving information				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary						How long
	Immediate		Drowned				How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
			Address				
	Accident or Suicide?		accident				



Name
in
Full

Prisc Pappass

CERTIFICATE OF DEATH

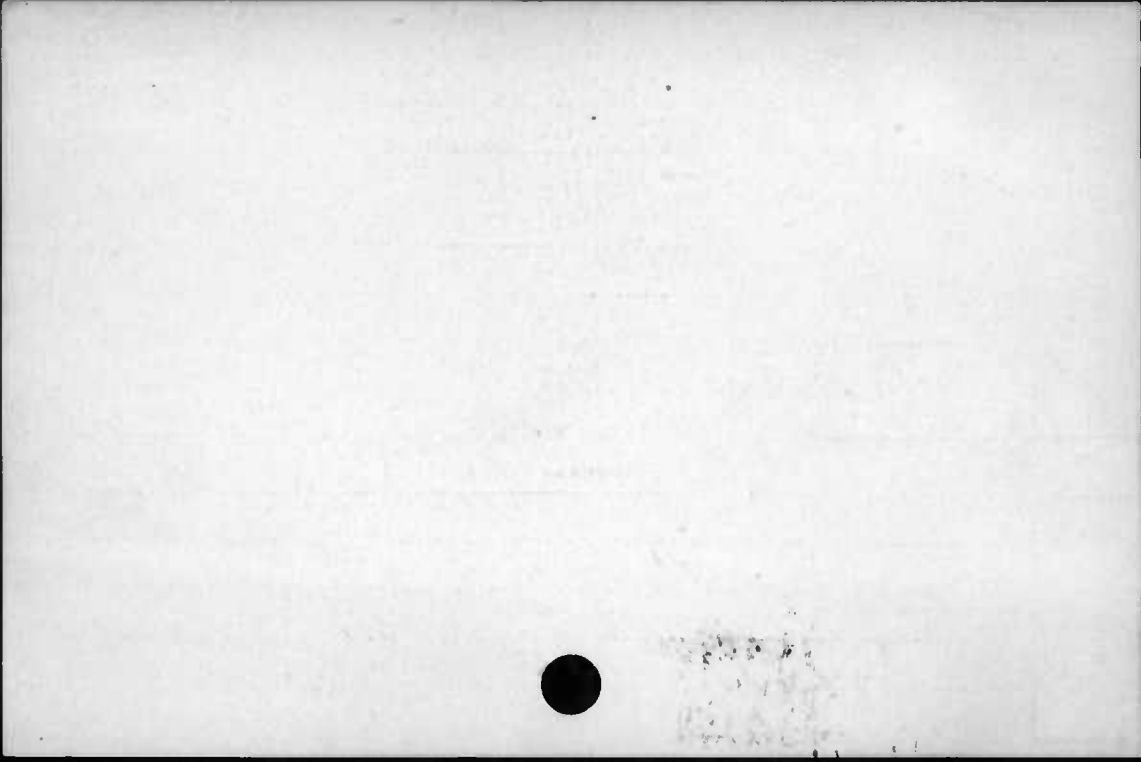
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Allegany Hospital</i>		Town <i>Benard - Allegany</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>1</i>	Age <i>27</i>	Years	Months	Days	
Sex <i>Male</i>	Color of Race <i>Greek</i>		Birthplace <i>Greece</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>				
Father's Name <i>-</i>			Father's Birthplace				
Mother's Maiden Name <i>-</i>			Mother's Birthplace				
Name of person giving information <i>Sandallee</i>			How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia (lobar)</i>	How long	<i>1 week</i>
Immediate	<i>Cardiac parisis</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>LOUIS STEIN</i>		Signature of Physician <i>@ J. H. Grace M.D.</i>	
<i>Stranger, in city 2 weeks.</i>		Address <i>Allegany</i>	
Accident or Suicide?		<i>md</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Robert Alexander Paton

MARYLAND

Died at

Westernport

Town

Allegany

County

Date

of death 1906

Month

June

Day

11

Age

Years

One

Months

—

Days

23

Sex

Male

Color or
Race

White

Birth-
place

Westernport

Married, Single
or Widowed

Occupation

Infant

Name of Wife or
HusbandFather's
Name

John W. J. Paton

Father's
Birthplace

Lonaconing

Mother's
Maiden Name

Viola J. Simister

Mother's
Birthplace

Westernport

Name of person giving
Information

John W. J. Paton

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

Symptoms
about 4 days

Immediate

Cerebral Meningitis

How long

One day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

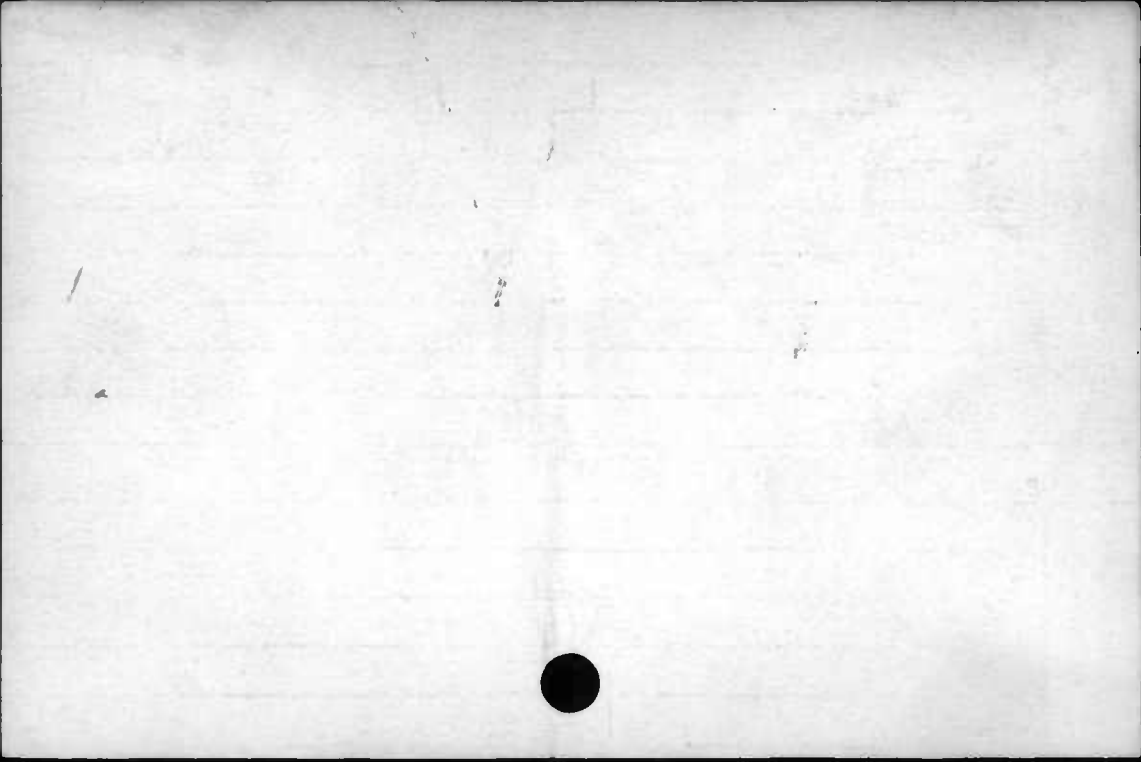
Address

E. H. Parsons
Indianapolis, Ind.

Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Antoine Reslivo

Town

County

MARYLAND

Died at

Throbbing Mill Alley

Date

Month

Day

Years

Months

Days

of death

1906 June 18

Age

4

Sex

M.

Color or
Race

Italian

Birth
place

Throbbing

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Ens. Reslivo

Father's
Birthplace

Italy

Mother's
Maiden Name

Francis Danna

Mother's
Birthplace

Italy

Name of person giving
information

Antoine Reslivo

How related
to deceased

Self

CAUSES OF DEATH

Primary

Do not know, Baby never well

How long

Immediate

Did not see it for some time

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Throbbing

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. J. Co.

Name
in
Full

CERTIFICATE OF DEATH

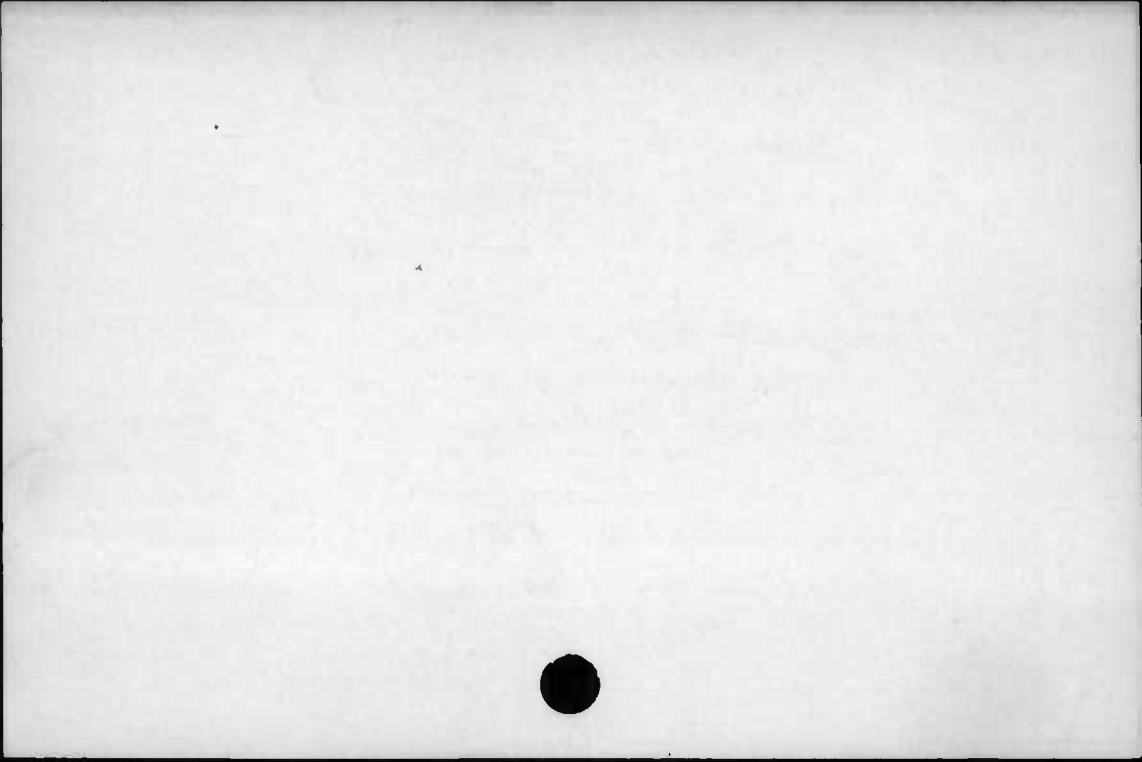
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		June	21	Age 76			
Sex	Female	Color or Race	White		Birth place	Landon Co. Va.	
Occupation	Housewife		Where Residing if not at place of death		Same		
Married, Single or Widowed	Married		Name of Wife or Husband		Perry J. Rice		
Father's Name	John Long				Father's Birthplace		
Mother's Maiden Name	Katherine Hull				Mother's Birthplace		
Name of person giving information	Perry J. Rice				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Myocardial Infarction	How long	1 Year
Immediate	Acute Myocardial Infarction	How long	1 Week
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	Edw. J. Dwyer		
Address	My. Sprague, Mo.		
Accident or Suicide?	—		



Name

in
Full

CERTIFICATE OF DEATH

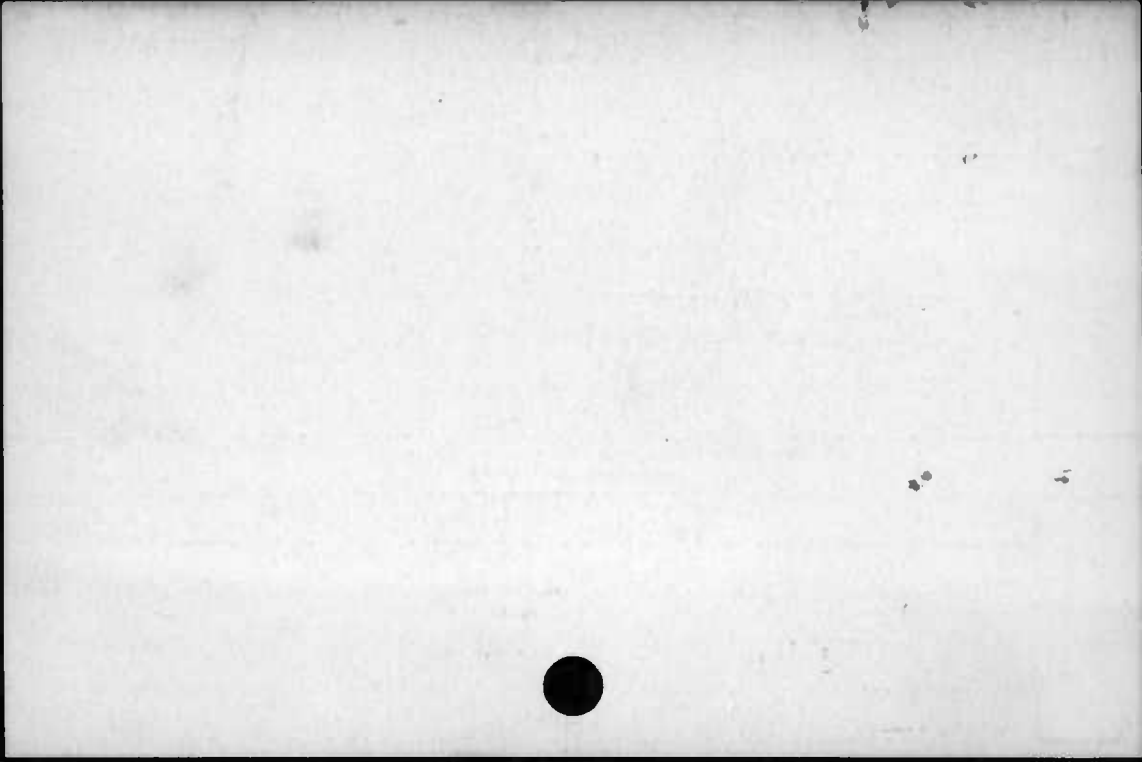
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt-d</i>		Town <i>allcany</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>4</i>	Age <i>36</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>W. Va</i>				
Occupation <i>Line man</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jacob Wm Roberts</i>			Father's Birthplace <i>W. Va</i>				
Mother's Maiden Name <i>—</i>			Mother's Birthplace				
Name of person giving information <i>Jacob Wm Roberts</i>			How related to deceased <i>Father's</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>56</i>	How long
Immediate <i>alcoholism found dead</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. H. Matheson</i>	
	Address <i>—</i>	
Accident or Suicide?	<i>LOUIS STEEL</i> <i>W. Va</i>	



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		County <i>Allegheny Co</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>6</i>	Day <i>27</i>	Age <i>15</i>	Years <i>-</i>	Months <i>-</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place		
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John P. Rimmer</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>John P. Rimmer</i>		How related to deceased <i>1</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>13 days</i>
Immediate <i>Diphtheria Breuvonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. J. Rimmer</i>
	Address <i>Cumberland Md</i>
Accident or Suicide? <i>✓</i>	



Name
in
Full

Rocco Calimbeni

CERTIFICATE OF DEATH

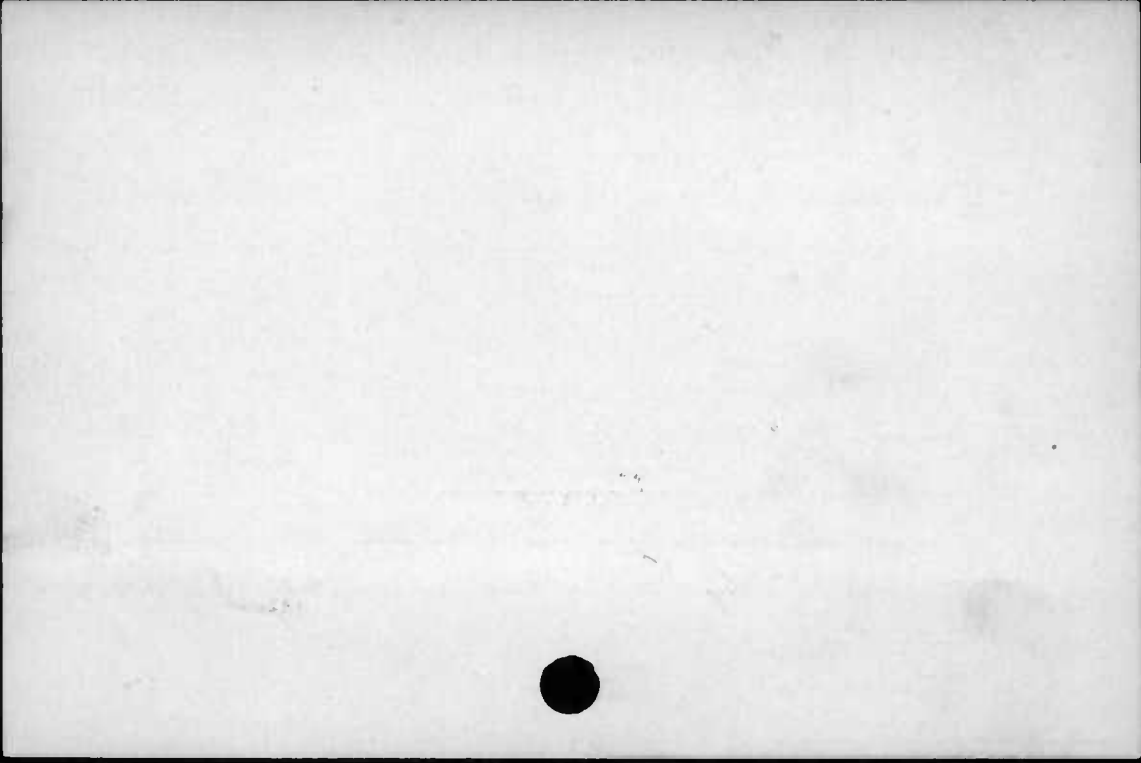
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month	6	Day	28	Age	Years
Sex		Male -		Color or Race		White	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		G. S. Butler		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(166)	How long	
Immediate	Killed by B&O Train. Accident	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes!	Signature of Physician	J. H. Martz Coroner
		Address	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary V. Smith</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Died at		Date of death <i>1906 June 16</i>		Age <i>72</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Martinsburg W. Va.</i>		Days <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>M. A. Jantzill</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

Primary <i>Paralysis</i>	How long <i>9 Weeks</i>
Immediate <i>Bed Sores & Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Thos S. Koon</i>
<i>S. Stein</i>	Address <i>Cumberland Md.</i>
Accident or Suicide?	

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

P. G. Stewart

Town

County

MARYLAND

Died at

Date

Month

Day

Age

Years

Months

Days

of death 1906

June

24

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

—

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

P. G. Stewart

Father's
Birthplace

Pa

Mother's
Maiden Name

Florence Zarger

Mother's
Birthplace

Pa

Name of person giving
information

P. G. Stewart

How related
to deceased

Father

CAUSES OF DEATH

Primary

Isaems —

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

LOUIS STEIN

Hensel
Catherine Hensel
K. C. Hensel

Accident or Suicide?

Grade 11 851

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Elk* Town *Alto* County *Md* MARYLAND

Date of death *1906* Month *June* Day *30* Age *—* Years *—* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John E Trout* Father's Birthplace *Pa*

Mother's Maiden Name *Dora B. Debrant* Mother's Birthplace *Md*

Name of person giving information *John E Trout* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Stillborn* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Matilda Shumaker*

LOUIS STEIN Address *13 Broadway St -*

Accident or Suicide? *—* *Midwife*

West Ind Rhone 771a

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Isabella Agnes Minger		Town G		County Alle		MARYLAND	
Died at		Date of death 1906		Month June		Day 28	
Sex Female		Color or Race White		Age 28		Years 6	
Occupation		Birth- place Md		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Winton Minger		Father's Birthplace West Va					
Mother's Maiden Name Rebecca Brashears		Mother's Birthplace Md					
Name of person giving In formation Winton Minger		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gastro Enteritis		How long 2 days	
Immediate "		How long "	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. H. J. Wailes	
LOUIS STEIN		Address Cumberland Wales Md	
Accident or Suicide?			

#9 Woodside ave

100-172-2

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Karl E. Belsh</i>		Town <i>Embal</i>		County <i>Caring</i>		STATE MARYLAND	
Died at							
Date of death	190	Month	6	Day	10	Age	Years 20 Months 11 Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Embal</i>
Occupation				Where Reading if not at place of death			
Married Single or Widowed			Name of Wife or Husband				
Father's Name			<i>J. H. Belsh</i>			Father's Birthplace	
Mother's Maiden Name			<i>Ida Rice</i>			Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(166)</i>		How long
Immediate	<i>Injury by Cars on B & O. R.R.</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. H. Mady</i>	
		Address	
Accident or Suicide?			



Name
In Full

CERTIFICATE OF DEATH

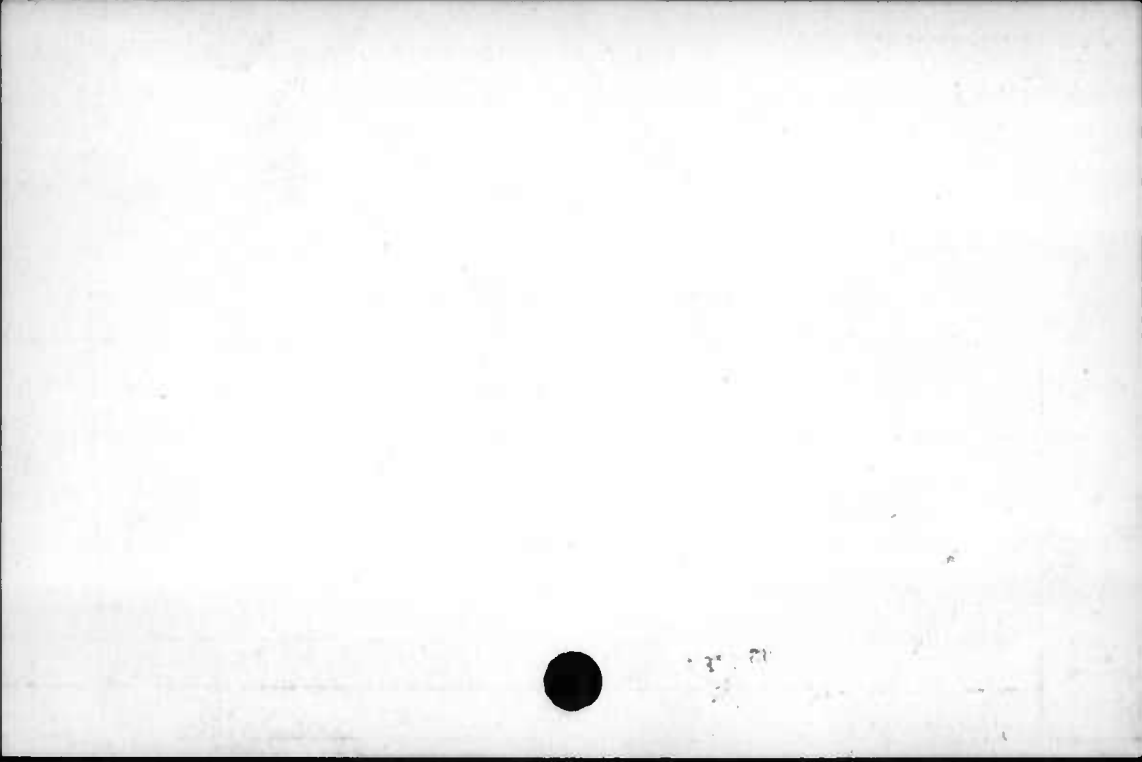
TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>Simon P. Welty</i>		Town <i>Cumberland</i>		County <i>accugay</i>		MARYLAND	
Died at <i>Cumberland</i>		Month <i>June</i>		Day <i>27</i>		Years <i>68</i>	
Date of death <i>1906</i>		Month <i>June</i>		Day <i>27</i>		Age <i>68</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bornstovo Md</i>		Months <i>—</i>	
Occupation <i>Cabinet Maker</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lucinda</i>					
Father's Name <i>—</i>		Father's Birthplace					
Mother's Maiden Name <i>—</i>		Mother's Birthplace					
Name of person giving information <i>Edith Welty</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	How long <i>15 min</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. H. Bracem</i>
Address <i>LOUIS STEIN.</i>	Address <i>Bornstovo Md</i>
Accident or Suicide?	



Name
in
Full

Minnie Wheat

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Cumb

Town

County

MARYLAND

Date

of death 1906

Month

June

Day

30

Years

33

Age

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of death

Cumberland

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

J. H. Wheat

Father's
BirthplaceMother's
Maiden Name

Anna Stanford

Mother's
BirthplaceName of person giving
information

J. H. Wheat

How related
to deceased

CAUSES OF DEATH

Primary

Purpura Cerebralis

How long

10 days

Immediate

Septic Poisoning

How long

7 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

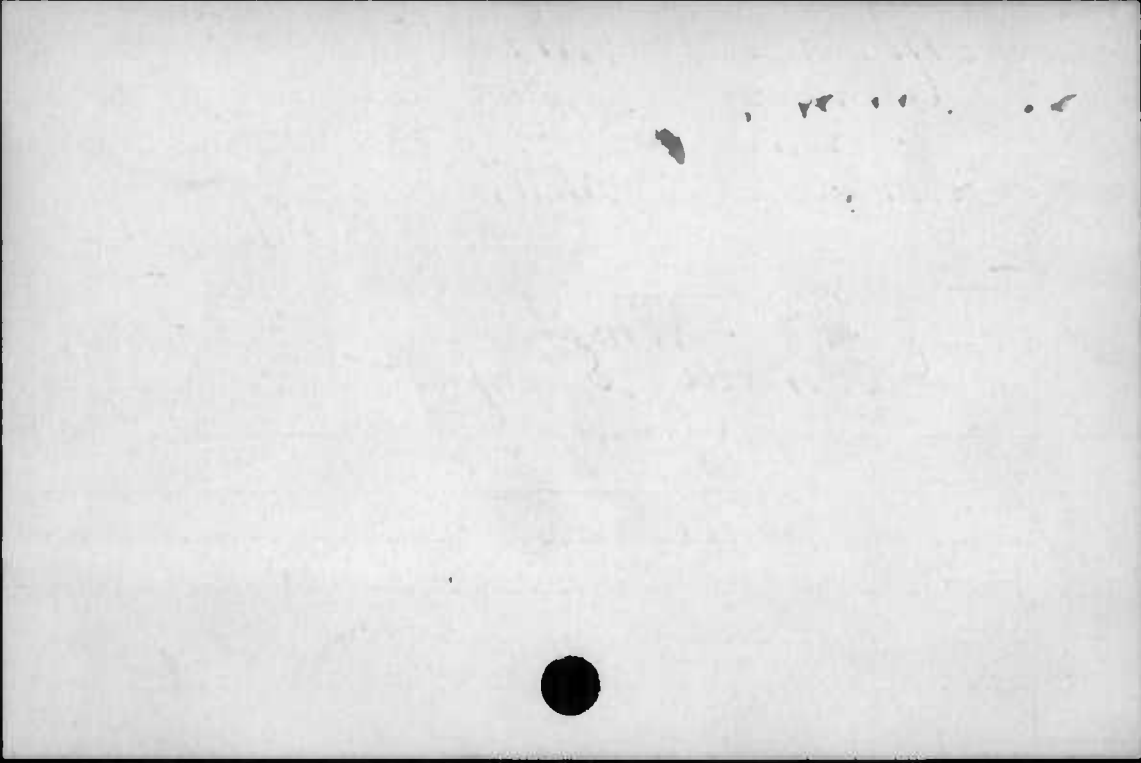
Address

H. W. Wiley

Beverly Hills

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

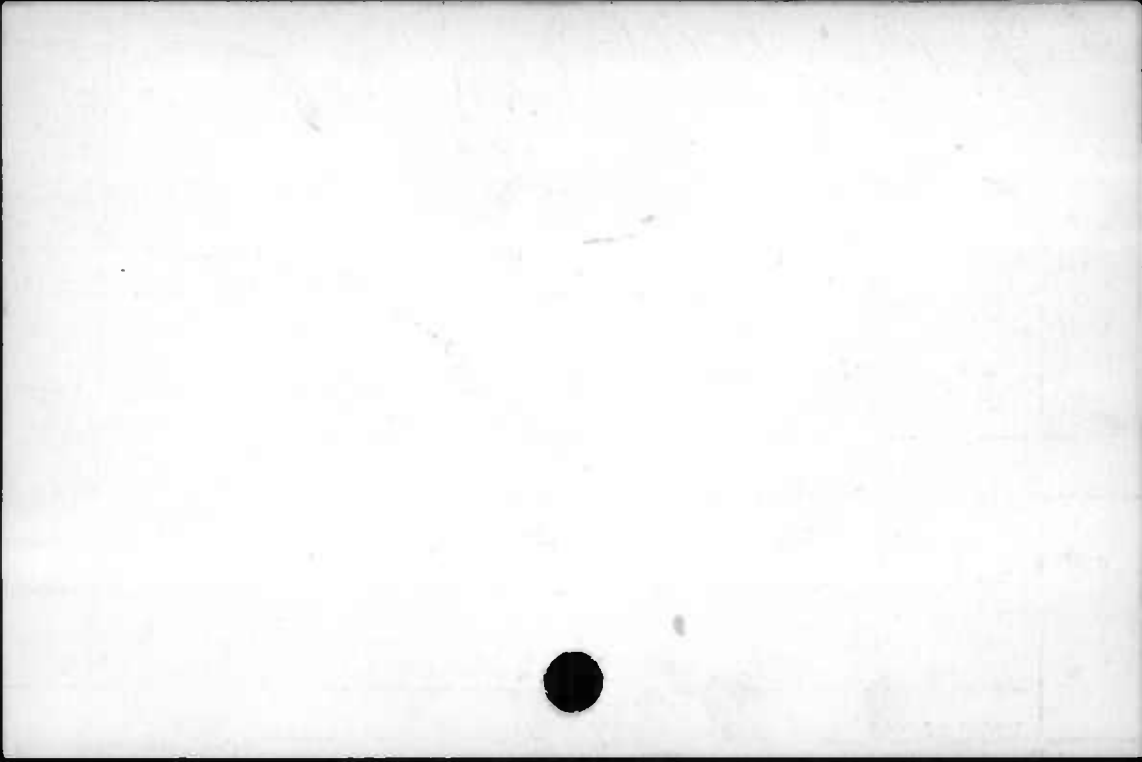
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barnesboro</i>		Town		County <i>Allegheny</i>		MARYLAND							
Date of death <i>1906</i>		Month <i>June</i>		Day <i>19</i>		Age <i>58</i>		Years <i>5</i>		Months <i>28</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Germany</i>									
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>-</i>									
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Johanna Will</i>											
Father's Name <i>-</i>				Father's Birthplace <i>-</i>									
Mother's Maiden Name <i>-</i>				Mother's Birthplace <i>-</i>									
Name of person giving information <i>Johanna Will</i>				How related to deceased <i>Wife</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of the Liver</i>		How long <i>1 Year</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James I. Johnson</i>	
LOUIS STEIN.		Address <i>Prison Island Rd</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *W. Sprague* *Allegheny*
Town County
Date of death 1906 *June* *8*
Month Day Age
Sex *Male* Color or Race *White* Birth-place *W. Sprague, Md.*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Henry W. Sprague* Father's Birthplace *Calver, Md.*
Mother's Maiden Name *Mrs. F. Plummer* Mother's Birthplace *Washington, Md.*
Name of person giving information *Henry W. Sprague* How related to deceased *Father*

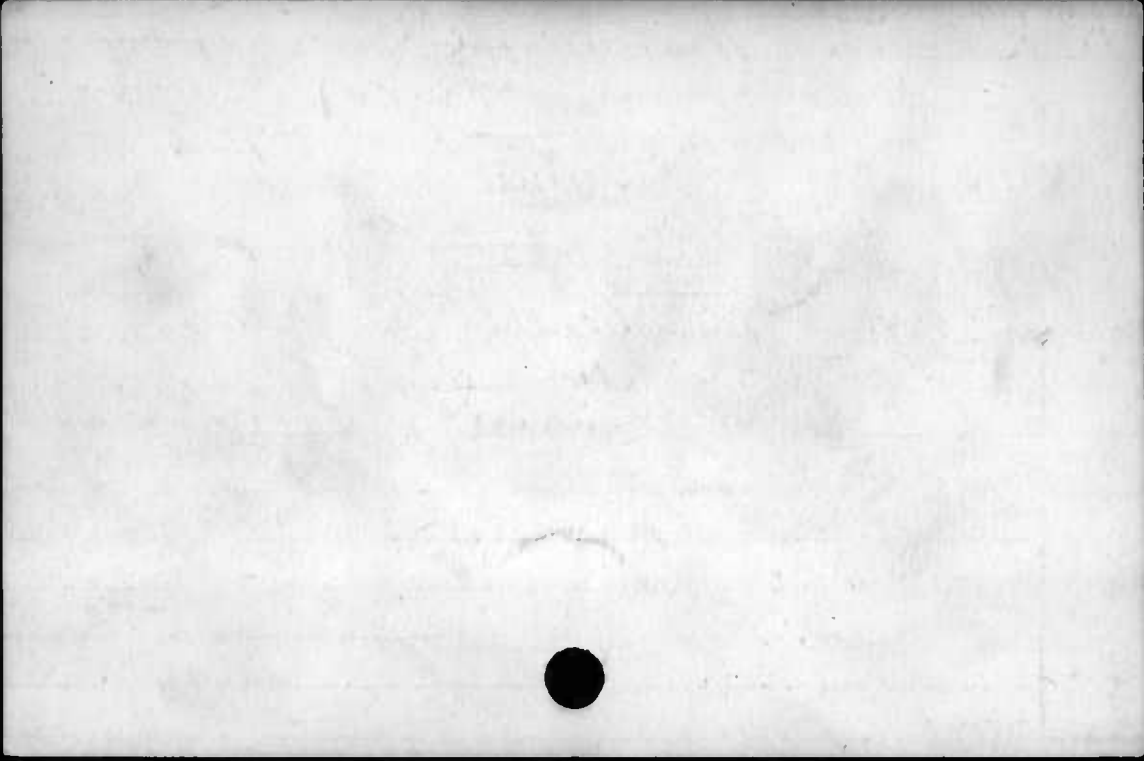
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Breach presentation* How long *36 hours*
Immediate *Asphyxia by cord* How long *few minutes*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *G. Snodgrass*
Address *W. Sprague Rd.*
Accident or Suicide? _____



Name in Full Luretta Winfield		Town Camden		County Arundel		CERTIFICATE OF DEATH MARYLAND	
Died at Camden		Month June		Day 27		Age 9	
Date of death 1906		Sex Female		Color or Race White		Birth-place Near Camden	
Occupation -		Where Residing if not place of death -		Married, Single or Widowed -		Name of Wife or Husband -	
Father's Name John Winfield		Mother's Maiden Name Katie Leikle		Father's Birthplace Alleg Co		Mother's Birthplace Camden	
Name of person giving information John Winfield		How related to deceased Father					
CAUSES OF DEATH							
Primary Enterocolitis		How long 4 ds.		105			
Immediate Exhaustion		How long					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. Edw. Harris.		Address St. Charles, Md.			
LOUIS STEIN		Accident or Suicide?					



Name
in
Full

Liona Woods

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frostburg</u> ^{Town}			County <u>Alley</u> ^{any}			MARYLAND		
Date of death 190		Month <u>6</u>	Day <u>8</u>	Age <u>Years</u>		Months <u>4</u>	Days <u>1</u>	
Sex <u>Female</u>		Color or Race <u>white</u>			Birth-place <u>Frostburg</u>			
Occupation <u>—</u>				Where Residing if not at place of death <u>—</u>				
Married, Single <u>Single</u>		Name of Wife or Husband <u>—</u>						
Father's Name <u>John Woods</u>		Father's Birthplace <u>Pa</u>						
Mother's Maiden Name <u>Evang Clark</u>		Mother's Birthplace <u>Ind</u>						
Name of person giving information <u>Jess Woods</u>		How related to deceased <u>father</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Leucosarcoma</u>	How long <u>4 months</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. M. Price</u>
	Address <u>—</u>
Accident or Suicide?	

